



CHIPPEWA VALLEY SCHOOLS

Educational Services

19120 Cass Avenue, Clinton Township, MI 48038

(586) 723-2020 --- FAX (586) 723-2021 --- EMAIL: choosechippewa@cvs.k12.mi.us

Inspiring and empowering learners to achieve a lifetime of success

2024-2025 Schools of Choice Information

Thank you for your interest in Chippewa Valley Schools. We are excited to have this opportunity to share our outstanding educational programs with neighboring Macomb County families.

- Chippewa Valley Schools is accepting applications for grades K-11 in buildings where space is available.
- **Applications will be accepted between Tuesday, February 13, 2024, and Wednesday, August 28, 2024.**
- The student must be a resident within the Macomb Intermediate School District boundaries (Macomb County) to be eligible.
- Students who have been suspended or expelled within the last two (2) years will be excluded.
- Siblings of students who are currently enrolled in Chippewa Valley Schools through Schools of Choice will be given priority to attend, based on available space.
- To qualify for Schools of Choice you must complete the application and submit the required documentation listed below. Incomplete registration packets will not be accepted.
- You will be notified by mail if your student is approved. **When your child is approved for School of Choice**, you will be prompted to begin the online enrollment process. If you begin the process before the SOC approval, your enrollment will be removed from the system.
- **If your application is received after August 15, 2024, there is no guarantee your student will start school on the first scheduled day.**
- If a student is accepted as a School of Choice student, parents are responsible for transporting their child to and from school. **Transportation is not provided by Chippewa Valley Schools.**

School of Choice Application Packet Must Include:

- Student's most recent report card (or transcript)
- Student's proof of discipline verification from the previous school
- Copy of student's birth certificate (original will be required during enrollment process)
- Proof of residency (two current proofs of residency at Macomb County address)
- When applicable, the student's copy of and IEP or 504 Plan

NOTE: Photocopies or screenshots of any part of the Schools of Choice application and/or required documentation, will not be accepted.

Send SOC Applications by Mail or Drop Off:
Chippewa Valley Schools Educational Services
19120 Cass Avenue
Clinton Township, MI 48038

Fax: (586) 723-2021
Email: choosechippewa@cvs.k12.mi.us

If you have any questions, please contact Educational Services at (586) 723-2020.



ELEMENTARY SCHOOLS OF CHOICE APPLICATION

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STUDENT INFORMATION

Student's Legal Name: _____ Date of Birth: _____

Parent(s)/Guardian's Legal Name(s): _____

Current Address: _____ Telephone: _____

City/State/Zip: _____ Parent Email: _____

School District in Which You Live: _____

Current School: _____

ADDITIONAL INFORMATION

Does the student have a(n): (If yes, please submit a copy of applicable plan.)

Individualized Educational Plan (IEP) YES _____ NO _____ or **504 Plan** YES _____ NO _____

DISCIPLINE (The Discipline Verification Form and 2 years of discipline records, must be submitted from student's current school.)

Has the student ever had discipline problems? YES _____ NO _____

Has the student ever been suspended? YES _____ NO _____

Has the student ever been expelled? YES _____ NO _____

PREFERRED SCHOOL

Select three elementary schools for consideration. A school will be assigned based on available space.

Grade Level for **2024-2025** School Year: K _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

SIBLINGS

Do you have a child/ren already enrolled in the Chippewa Valley Schools of Choice Program? YES _____ NO _____

If yes, name the student(s) and school(s) _____

Are you currently applying for Schools of Choice for another child(ren)? YES _____ NO _____

If yes, name the student(s) and grade(s) _____

By signing below, I acknowledge that I have read and understand this information regarding the Chippewa Valley Schools of Choice Program. I understand that to be considered in the Schools of Choice Program this application must be accurately completed. I hereby give the Chippewa Valley School District permission to make inquiry of past performance and to request release of information including CA-60 files, student records and any discipline files. I live in Macomb County and **am responsible for my child's transportation**. Chippewa Valley will not provide transportation. False, misleading, or incomplete information will disqualify your child from Chippewa Valley Schools of Choice, or result in appropriate disciplinary action, including permanent expulsion. Any questions should be directed to the Educational Services Department at: (586) 723-2020.

➡ Parent/Guardian Signature _____ Date _____



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Discipline Verification

Parent/Guardian: Complete the top half of this form, sign, date and **submit to your student's current school for review and signature.** The completed form is to be returned to Chippewa Valley Schools by the current school and **MUST include the student's discipline log from the previous two (2) years.**

A willful false statement on this affirmation will result in removal from Chippewa Valley Schools.

STUDENT INFORMATION

Student's Legal Name: _____ Date of Birth: _____

School Entry/Start Date: _____

Current School: _____ Current Grade: _____

Current School's Address: _____

School's Phone Number: _____

Has the student ever been expelled for any reason? No _____ Yes _____ (attach documentation)

Has the student had any in school or out of school suspensions during the previous two years?

NO _____ YES _____ (attach documentation)

Has the student withdrawn from a school district in lieu of being charged with conduct which may have resulted in expulsion or long-term suspension? NO _____ YES _____ (attach documentation)

Has the student been suspended or expelled from any public or private school, for an offense involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person or for any act of violence against person and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school sponsored activity?

NO _____ YES _____ (attach documentation)

Has the student been convicted of a crime or are any felony charges pending against the student?

NO _____ YES _____ (attach documentation)

Parent/Guardian Verification: I verify the above information to be true and accurate. I request student discipline records to be disclosed to the Chippewa Valley School District.

➔ Parent/Guardian Signature: _____ Date: _____

To be Completed by Current School Administrator After Parent Fills Out Top Portion

If the student has been involved in offenses involving weapons, alcohol, or drugs, or willful infliction of injury to persons and/or act of violence against persons and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from school or a school-sponsored activity, please forward appropriate documentation.

According to our school records, we can verify that the information provided above by the parent/guardian is:

Correct _____ Incorrect _____

➔ _____
Signature of Current School Administrator Position/Title Date