



WOODHAVEN-BROWNSTOWN SCHOOL DISTRICT

Learning and Leading for Tomorrow

Administration Offices and Board of Education

24821 Hall Road, Woodhaven, MI 48183

Phone 734.783.3300 • Fax 734.692-2200

2019-2020

Schools of Choice Application

Grades: Y5/K & 2nd thru 12th

Application Period: April 17, 2019 – May 16, 2019

\* Please return to the Board of Education \*

Student's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

With whom does the student live? \_\_\_\_\_ Student's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of current school: \_\_\_\_\_

What District do you reside in? \_\_\_\_\_

Has student been suspended and/or expelled from school in the last two years?  Yes  No

If yes, indicate the reason for the suspension and/or expulsion: \_\_\_\_\_

Number of days suspended: \_\_\_\_\_ Dates of expulsion: \_\_\_\_\_

Any other student(s) applying now for Schools of Choice or currently enrolled in the district under Schools of Choice?  Yes  No

If yes, please list their full names and grade they will be in for the 19/20 School Year: (PLEASE NOTE: A SEPARATE APPLICATION FORM IS REQUIRED FOR EACH NEW CHILD).

Name \_\_\_\_\_ 19/20 Grade \_\_\_\_\_ Name \_\_\_\_\_ 19/20 Grade \_\_\_\_\_
Name \_\_\_\_\_ 19/20 Grade \_\_\_\_\_ Name \_\_\_\_\_ 19/20 Grade \_\_\_\_\_

At the elementary level, students may be assigned to any of the District's five elementary schools.

Although we cannot guarantee placement at a particular elementary school, you may indicate your preference below if desired:

- Bates  Erving  Gudith  Wegienka  Yake

As an enrollee under the Schools of Choice program, 10<sup>th</sup>–12<sup>th</sup> grade students are not eligible to participate in competitive athletics for one semester after their date of enrollment. First time 9<sup>th</sup> graders establish their eligibility when they enter the 9<sup>th</sup> grade. This is a Michigan High School Athletic Association regulation.

**(Application continued on back)**

As an enrollee under the Schools of Choice program, 6<sup>th</sup>–12<sup>th</sup> grade student schedules will be determined after reviewing the student’s current transcript when meeting with a counselor and having a schedule developed from the specific courses and number of sections available at the time of registration. **The Woodhaven-Brownstown School District will be under no obligation to create and/or add additional courses or sections.**

As an enrollee under the Schools of Choice program, class designation in grades 9-12 will be determined based on the number of credits the student has at the time of enrolling in Woodhaven-Brownstown School District compared to Woodhaven High School’s actual number of credits designated for each grade level. This will determine which grade quota is to be applied to your application.

Under the rules and regulations of the Schools of Choice program, in the event the number of applicants for a given grade level exceeds the number of designated openings, a lottery will be held to determine which applications are to be accepted.

In the event a sibling of a Schools of Choice enrollee wishes to enroll in the Woodhaven-Brownstown School District in a grade in which the District is accepting students, the siblings will have a priority status in the event the number of applications for that particular grade level exceeds the designated openings.

There will be no tuition or other enrollment costs associated with attending the Woodhaven-Brownstown School District. Schools of Choice students will be expected to pay any or all costs that are paid by resident students for supplies, materials, activity fees, etc.

Schools of Choice students will be expected to adhere to all rules, regulations, and policies of the District with particular attention to the District’s code of conduct and dress code. Students will also be expected to adhere to all the rules and regulations of the Schools of Choice legislation.

There will not be any transportation provided by the Woodhaven-Brownstown School District for Schools of Choice students unless it is a requirement of an IEPC for a special education student. Schools of Choice students who are determined to be eligible for special education programming will be subject to the same placement procedures as resident District students and may be placed in appropriate programs outside the Woodhaven-Brownstown School District.

**As the parent/guardian of the applicant, or as the applicant in the event he/she is 18 years of age, I, the undersigned, hereby understand and agree to abide by the information set forth in this application and agree that any false or incomplete information provided may disqualify my application for a Schools of Choice position in the Woodhaven-Brownstown School District. I also agree, in the event this application is accepted, to abide by the rules, regulations, and policies of the Woodhaven-Brownstown School District as well as the rules and regulations set forth in the Schools of Choice legislation and as issued by the Department of Education from time-to-time.**

\_\_\_\_\_  
Signature of Parent/Guardian, or Student 18+

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

**A completed application includes:**

- Completed **Application**
- Completed **Parent** Verification of Prior Discipline Record
- Completed **District** Verification of Prior Discipline Record

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**Completed applications must be received no later than 4:00 P.M., May 16, 2019.**  
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_____ Application received by	_____ Date
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**PARENT VERIFICATION OF PRIOR DISCIPLINE HISTORY**

*A willful false statement of this affirmation will result in a report to the appropriate Authorities and automatic disqualification.*

**DIRECTIONS:** Sign below indicating either option 1 or 2.

I give permission to representatives of the Woodhaven-Brownstown School District to send a verification of discipline record to any and all schools my child has attended.

\_\_\_\_\_  
Signature of Parent/Guardian, or Student 18+

**Option 1:**

The undersigned affirms that \_\_\_\_\_ *has not been suspended or expelled* from any public or private school in Michigan or any other state.

\_\_\_\_\_  
Signature of Parent/Guardian, or Student 18+

**Option 2:**

The undersigned affirms that \_\_\_\_\_ *has been suspended or expelled* from any public or private school in Michigan or any other state. If checked, please explain the circumstances in detail. Include school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

\_\_\_\_\_  
Signature of Parent/Guardian, or Student 18+



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**DISCIPLINE HISTORY VERIFICATION**

**PLEASE FAX BACK A.S.A.P**  
**FAX: 734-692-2200**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Parent/Guardian of the student indicated below has requested enrollment of their child in the Woodhaven-Brownstown School District. We are requesting information about this student's discipline history. If you have any questions please contact George Blankenbaker at 734-789-2348.

**Parent/Guardian fills out this portion:**

Student Name: _____ Birth date: ____/____/____ Grade: _____
Former School District: _____
Phone: _____ Fax: _____ Contact: _____

**Prior school fills out this portion:**

<input type="checkbox"/> <b>No Record of Suspension or Expulsion from this school district</b>			
<input type="checkbox"/> <b>Expelled under School Transfer Weapons Free School Zone**</b>			
<input type="checkbox"/> <b>Expelled*</b> Violation/Infraction: _____			
<input type="checkbox"/> <b>Suspended*</b> Violation/Infraction: _____			
* Please attach record of suspension or expulsion.			
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">_____ School Official</td> <td style="border: none; width: 33%;">_____ Position</td> <td style="border: none; width: 33%;">_____ Phone</td> </tr> </table>	_____ School Official	_____ Position	_____ Phone
_____ School Official	_____ Position	_____ Phone	
Date: _____			
<b>PLEASE FAX BACK COMPLETED FORM TO 734-692-2200</b>			

**SCHOOL TRANSFER WEAPONS FREE SCHOOL ZONE STATEMENT**

\*\*In order to comply with Public Act 328, please verify that the above named student has not been suspended or expelled from school for a weapons, arson, or criminal sexual conduct violation subsequent to January 1, 1995. If the above named student has been suspended or expelled for one of the above named violations, please attach an explanation as to the current status of the student in accordance with Michigan Public Act 328. Students expelled under this policy are expelled from all Michigan School Districts unless placed in an appropriate alternative education program.