



SCHOOLS of CHOICE REQUEST

2026–2027 School Year

Full Year Enrollment: 1/27/26-9/11/26
Second Semester Enrollment: TBD

Residency Status:

☐ Non-Resident ☐ Fraser Resident Moving Out ☐ Sibling in Building Requested ☐ Within District

Student Full Name: _____ Birth Date: _____

Student Grade for 2026-2027 School Year: _____ Does your child have an: ☐ IEP ☐ 504

Parent/Guardian Full Name: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

Address, City, and Zip Code: _____

District in which you live: _____ Last School Attended: _____

School Requested: 1st Choice: _____ 2nd Choice: _____

OR Virtual ☐ *We partner with a third-party to offer fully virtual option for all K-12 students.
Please indicate a face-to-face school preference above in addition to checking this box.*

When submitting a Schools of Choice Application, the parent/guardian must provide student disciplinary reports for the past two school years. They must be obtained from the school(s) the student attended during that time.

Has your child been suspended (in or out of school) in the last 2 school years? ☐ Yes ☐ No
Has your child ever been expelled? ☐ Yes ☐ No

SCHOOLS OF CHOICE POLICY:

RESIDENT STUDENTS: Students shall attend the elementary school in the attendance area in which they reside. Exceptions will be made in accordance with the provisions of the Choice Plan.

NON-RESIDENT STUDENTS: Section 105 (2) (b): The District shall accept applications for enrollment by non-resident applicants residing within the Macomb Intermediate School District. The record will go under review. It is Fraser School District's board policy that applicants cannot be suspended within the past two years or ever expelled.

By signing below, I accept the policies and regulations of Michigan and Fraser Public Schools regarding Schools of Choice. I understand that if at any time it has been discovered the information provided on this form is inaccurate and/or falsified, my child will be ineligible to attend Fraser Public Schools and will be excluded from attendance immediately. I live in Macomb County and am responsible for my child's transportation.

Parent/Guardian Signature: _____ Date: _____

This form can be returned to enroll@fraserk12.org. Visit GoToFraser.com for more information.

(ADMINISTRATIVE USE ONLY)

Granted

Denied

☐

☐

Signature: _____ Date: _____ School Assignment: _____

Conditions: All students attending school outside of their attendance areas do so under the following conditions: A non-resident applicant residing within the Macomb Intermediate School District shall not be granted or refused enrollment based on intellectual, academic, artistic, or other ability, talent or accomplishment, or lack thereof, or based on a mental or physical disability, unless a similar resident student would also be excluded. A non-resident applicant residing within the Macomb Intermediate School District shall not be granted or refused enrollment based upon religion, race, color, national origin, sex, height, weight, marital status or athletic ability, or generally, in violation of any state or federal law prohibiting discrimination. Class size may not exceed district guidelines in order to accommodate choice students. The parent must guarantee positive student attendance and behavior in accordance with district policy. Students causing concern in any of the above areas may be transferred back to their assigned schools based on behaviors outlined in the Student Code of Conduct.