

2017/2018 SCHOOL YEAR

LAKE SHORE PUBLIC SCHOOLS

SCHOOLS OF CHOICE FOR MACOMB COUNTY RESIDENTS

Kindergarten through Grade 11
For information please call 586-285-8484.

Lake Shore Public Schools - Schools of Choice Application 2017/2018

Student Name *(one student per form)* _____ / /

Parent Name _____ Date of Birth _____

Address _____

City & Zip _____

Home Phone _____ Cell or Work Phone _____

Your Resident District _____ Current School _____

*Grade Level Requested _____

Sibling has attended/attends Lake Shore Y / N If Yes, please list building(s) _____
(Circle one)

My son/daughter has not been suspended or expelled in the past two years.

I heard about Lake Shore from: Friend/Family Member Newspaper Website Other _____

I verify that the above information is accurate. Providing any type of false information will result in non-acceptance or immediate dismissal of any accepted student.

Parent Signature _____ Date _____

***Attention Kindergarten Parents:** If a child is not 5 years of age as of September 1st, but will be 5 years of age not later than December 1 of a school year and becomes a resident of the school district or a Schools of Choice applicant/student, the parent or legal guardian of that child may still enroll the child in kindergarten for that school year if they notify the school district in writing prior to the beginning of the school year that they intend to enroll the child.

My child will be 5 years old after September 1 and on/before December 1.

I would like to enroll my child, _____
(PRINT Student's Name) (Date of Birth)

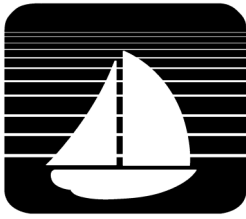
as a kindergartener in the Lake Shore Public School District.

Parent/Legal Guardian Signature Date

Checklist for a complete application:

- Complete & Sign application form.
- Attach a current report card.
**Please obtain an unofficial transcript for students going into 7th - 11th grade*
- Provide 3 items showing proof of residency in Macomb County - three bills/official mail that comes to the home with your name and address.
- Discipline form must be signed by current school and detailed discipline report provided.

Return all items to:
Chelsey Schell
Lake Shore Public Schools
28850 Harper Ave.
St. Clair Shores, MI 48081
Fax: 586-285-8463
cschell@lsps.org



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Policy & Procedures

It is the policy of the Lake Shore Board of Education that no person shall be discriminated against on the basis of race, color, national origin, age, gender, marital status, handicap, or disability.

- Once an applicant is accepted, he/she **will not be required** to apply annually.
- Applicants **must** be residents of Macomb County.
- Applicants must have Affirmation of Discipline form completed by current school and returned to Lake Shore prior to registration.
- Application is valid only if it meets all requirements, is properly completed and signed.
- False information will void application and student's privilege to attend.
- The district is **not responsible** for transportation of Schools of Choice students.
- **Students expelled or suspended in the past two years will not be admitted as Schools of Choice students.**

Macomb County students seeking a quality education are invited to apply to Lake Shore Public Schools. The district offers openings for the **2017/2018** school year, as permitted by the state's Schools of Choice program.

Following is a list of our school buildings:

Lake Shore High School (9-12)
22980 13 Mile Road
St. Clair Shores, MI 48082
Phone: 586-285-8900

Masonic Heights Elementary (K-5)
22100 Masonic Blvd.
St. Clair Shores, MI 48082
Phone: 586-285-8500

Violet Elementary (K-5)
22020 Violet
St. Clair Shores, MI 48082
Phone: 586-285-8700

Kennedy Middle School (6-8)
23101 Masonic Blvd.
St. Clair Shores, MI 48082
Phone: 586-285-8800

Rodgers Elementary (K-5)
21601 L'Anse
St. Clair Shores, MI 48081
Phone: 586-285-8600

Lake Shore Administrative Center
28850 Harper
Saint Clair Shores, MI 48081
Phone: 586-285-8480

To be considered for the Schools of Choice Program:

1. Applications must be submitted with required documentation:

Completed & Signed application form.

Current report card - *Doesn't apply to kindergarten*

applicants. Please obtain an unofficial transcript for students going into 7th- 11th grade

Three (3) items showing proof of residency in Macomb County (i.e. home purchase agreement, lease agreement, utility bill, bank or doctor statement).

Discipline form must be signed by current school and detailed discipline report faxed to 586-285-8463
(doesn't apply to kindergarten applicants).

2. A letter will be sent acknowledging complete application with further instructions.

3. If accepted through the Schools of Choice process - enrollment process begins.

For elementary students - to keep class sizes equitable between the three buildings, applicants who are accepted through Schools of Choice will be placed by the building principals on one of two selection dates. Those dates will be in June and August. Building principals will take into consideration siblings and other factors. Parents will be notified by mail after the selection dates.

Return all items to:
Chelsey Schell - Lake Shore Public Schools
28850 Harper Ave., St. Clair Shores, MI 48081
Fax: 586-285-8463 Email: cschell@lpsps.org

"We build successful futures for all - one student at a time."

For questions about Schools of Choice, please call 586-285-8484.

LAKE SHORE PUBLIC SCHOOLS - AFFIRMATION OF PRIOR DISCIPLINE RECORD

Student's name: *(please print)* _____ Grade Requested: _____ Birth date: _____

DIRECTIONS: Please initial the applicable paragraph and sign document. Take to current school to have the bottom box filled out. **Applications will not be considered until two years of discipline records and this form are received.** It is the parent/guardian's responsibility to get this form to the current school to complete. This form and the discipline log may be faxed to 586.285.8463 or dropped off to the Schools of Choice Coordinator at 28550 Harper Ave., St. Clair Shores, MI 48081.

_____ The undersigned affirms that the student above **has not** been suspended/expelled from any public or private school in Michigan or any other state within the last 2 years.

_____ The undersigned affirms that the student above **has** been suspended/expelled from a public or private school in Michigan or any other state within the last 2 years. Explain the circumstances in detail. Include the school name, dates of the suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

I legally attest that the statements above are to the best of my knowledge truthful. A willful false statement on this affirmation will result in a report to the appropriate authorities and may result in your student not being accepted. In addition, I understand that prior school district(s) will be contacted for verification.

Signature of parent/guardian: _____ Date: _____ Contact number: _____

Name of current school district: _____

This box MUST be signed by current school & two years of discipline records, even if blank, faxed to 586.285.8463. Applications will not be considered if two years of discipline information is not sent.

To be completed by the current school district:
CURRENT SCHOOL - PLEASE CHECK ONE:

_____ According to our records, we can verify that the information provided is **correct**.

_____ According to our records, the information provided above is **not correct**.

Additional comments: _____

Signature of sending district administrator: _____ Title: _____

Office phone number for follow-up call: _____ Date: _____

Please fax this form and the DETAILED DISCIPLINE REPORT/LOG for the past TWO YEARS to 586.285.8463.
If your system cannot print blank discipline reports, please indicate there is no discipline to report in the "additional comments" section above.