

Anchor Bay School District
Out of District Schools of Choice
2021-2022 School Year
Second Semester

***Applications cannot be accepted prior to the beginning of the
Application Period.***

Application Period: January 16, 2022 – January 29, 2022

Unlimited Schools of Choice
Kindergarten – Grade 12

Please submit the following with your application:

- Out of District – School of Choice Form (separate application for each child)
- Parent Identification (Driver's License with current address)
- Two documents showing residency (mortgage statement, lease, current property tax statement, utility bill)
- Child's most current report card (high school students must also include current transcript)
- Statement of Prior Discipline Record signed by parent/guardian
- Discipline report/print-out from former school for the preceding two years
- Request for Educational Records signed by parent/guardian
- Child's most current IEP if your child is presently receiving any special services (i.e., special education, speech)

Return Completed Paperwork to:

Anchor Bay School District Administration Building
5201 County Line Road; Suite 100, Casco, MI 48064
Or FAX to: 1-586-727-9059
Or email to: enrollment@abs.misd.net

Please call us with any questions you have, or to confirm receipt of this form: 1-586-725-2861

Anchor Bay School District

2021-2022 School Year

Out of District (105 & 105C) - SCHOOLS of CHOICE REQUEST

How did you hear about us? ☐ Post Card ☐ Website ☐ Friend ☐ Family ☐ Radio
☐ Other: _____

Form Received: _____

Accepted ☐ Denied ☐

School Assignment: _____

Signature: _____

Date Approved: _____

Grade Entering in the 2021/22 School Year: _____ Birth date: _____

Student: _____ Gender: _____
 Last Name First Name

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Address: _____ City: _____ Zip: _____

Resident District: _____ Resident Home School: _____

School Requested: 1st Choice _____ 2nd Choice _____

Has your child ever been suspended? If yes, attach an explanation. Yes ☐ No ☐

Has your child ever been expelled? Yes ☐ No ☐

Does your child have a current IEP that qualifies for Special Education Services? Yes ☐ No ☐

Has the student ever attended the Anchor Bay School District? Yes ☐ No ☐

Is there a sibling already attending Anchor Bay as a School of Choice student? Yes ☐ No ☐

Names of other children attending: _____

(Print legibly)

OTHER CHILDREN: Please list other children residing in your household who are also applying. Each child will require a separate application.

Last Name	First Name	Grade for 2021-2022	Currently Attends ABSD?

ITEMS TO BE SUBMITTED WITH THE APPLICATION:

- ☐ Out of District – School of Choice Form (separate application for each child)
- ☐ Parent Identification (Driver's License with current address)
- ☐ **Two** documents showing residency (mortgage statement, lease, current property tax statement, utility bill)
- ☐ Child's most current report card (high school students must also include current transcript)
- ☐ Statement of Prior Discipline Record signed by parent/guardian
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SCHOOLS OF CHOICE POLICY:

NON-RESIDENT STUDENTS: Section 105/105c: The District shall accept applications for enrollment by non-resident applicants residing within Macomb County and Contiguous Counties.

PROCESS:

1. Notification is made to the general public that applications are being accepted for student enrollment.
2. Applications are available at all District buildings and on the website at www.anchorbay.misd.net.
3. Schools of Choice forms will be processed as they are received, on a first come basis.
4. Requests will be reviewed by the Elementary and Secondary Directors and Principals to determine class size and availability.
5. Applicants for Grades 1 through 12 will be notified of the **TENTATIVE** school assignment after the application has been processed.
6. Applicants for Kindergarten will be notified after building registrations are completed.
7. Elementary school placements exceeding class size guidelines may be assigned to another building.
8. Non-residents accepted for Schools of Choice may remain in the Anchor Bay School District through graduation.
9. **Parents are responsible for transportation from their home district and the Choice School.**

CONDITIONS:

All Students attending school outside of their attendance areas do so under the following conditions:

1. A non-resident applicant shall neither be granted nor 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.
2. A non-resident applicant shall neither be granted nor refused enrollment based upon religion, race, color, national origin, sex, height, weight, marital status, or athletic ability, or any other action, in violation of any state or federal law prohibiting discrimination.
3. The District may refuse to enroll a non-resident applicant if the applicant is or has been within the preceding two years, suspended from another school, or if the applicant has a prior expulsion from another school, or the applicant has been convicted of a felony.
4. Class size may not exceed district guidelines in order to accommodate choice students.
5. The parent must guarantee positive student attendance and behavior in accordance with district policy.

Anchor Bay Residents Moving Out of District ("MOVE OUTS"):

Any student who was enrolled the previous year, and has moved out of the district but wishes to remain in Anchor Bay School District, must submit a "Schools of Choice" form. This information will be reviewed to ensure the student meets the guidelines established by the Board of Education.

By signing below, I acknowledge and accept the policies and regulations regarding the Anchor Bay School District, the Schools of Choice program and understand that transportation to and from school is the responsibility of the parent/guardian and not the Anchor Bay School District. **I legally attest that the information provided above is to the best of my knowledge truthful and that if at any time it has been discovered that the information provided on this form is inaccurate and/or falsified, my child will be ineligible to attend school in the Anchor Bay School District and will be immediately excluded from attendance.**

Signature of Parent/Guardian _____ Date _____

Student Signature (If over 16 years of Age) _____ Date _____

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Or FAX to: 1-586-727-9059
Or email to: enrollment@abs.misd.net**

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1-586-725-2861

The Anchor Bay Board of Education complies with Federal laws and regulations prohibiting discrimination and with all requirements and regulations of the United States Department of Education. It is the policy of the Anchor Bay Board of Education that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, genetic information, or disability shall be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity for which it is responsible or which it receives financial assistance from the United States Department of Labor.



ANCHOR BAY SCHOOL DISTRICT
5201 County Line Road
Casco, Michigan 48064
Phone: (586) 725-2861, Fax: 586-727-9059

PERMISSION TO RELEASE OFFICIAL RECORDS

Please send records to:

- ☐ **Anchor Bay High School**, 6319 County Line, Fair Haven, MI 48023, Phone: 586-648-2525, Fax: 586-716-8306
- ☐ **Anchor Bay MS North**, 52805 Ashley, New Baltimore, MI, 48047, Phone: 586-725-7373, Fax: 586-725-6760
- ☐ **Anchor Bay MS South**, 48650 Sugarbush, New Baltimore, MI, 48047, Phone: 586-949-4510, Fax: 586-949-4739
- ☐ **Ashley Elem.**, 52347 Ashley Street, New Baltimore, MI, 48047, Phone: 586-725-2801, Fax: 586-725-4426
- ☐ **Compass Pointe**, 6319 County Line, Fair Haven, MI 48023, Phone: 586-725-2205, Fax: 586-725-2257
- ☐ **Dean A. Naldrett Elem.**, 47800 Sugarbush, New Baltimore, MI, 48047 Phone: 586-949-1212, Fax: 586-598-7666
- ☐ **Great Oaks Elem.**, 32900 24 Mile Road, Chesterfield, MI, 48047, Phone: 586-725-2038, Fax: 586-725-4014
- ☐ **Lighthouse Elem.**, 51880 Washington, New Baltimore, MI, 48047, Phone: 586-725-6404, Fax: 586-725-4016
- ☐ **Lottie M. Schmidt Elem.**, 33700 Hooker, New Baltimore, MI, 48047, Phone: 586-725-7541, Fax: 586-725-7590
- ☐ **Maconce Elem.**, 6300 Church Road, Ira, MI, 48023, Phone: 586-725-0284, Fax: 586-725-2037

Please send Special Education Records to: **Anchor Bay Special Education**
48400 Sugarbush Rd.
New Baltimore, Michigan 48047
Phone: 586-949-4513, Fax: 586-598-7671

Student Name (as it appears on birth certificate)	Birthdate	Grade Entering:
Previous School Name:	Phone Number:	Fax Number:
Previous School Address		
Previous School City/State	Zip Code	

The student listed above is now enrolled in Anchor Bay School District. Please mail the following school records to the school indicated above or notify us if you have no record of this student:

- Official cumulative record
- Transcript of grades and credits
- Achievement and ability test scores
- Health and/or immunization records
- Special Education Records (IEP, diagnostic reports, medical records)
- Attendance
- Discipline/citizenship record
- 504 Plan
- State of Michigan UIC number if available

I hereby grant permission for the release of the above record(s) to Anchor Bay School District:

Parent/Guardian Signature (Student if 18 years of age)

Date



ANCHOR BAY SCHOOL DISTRICT

STATEMENT OF PRIOR DISCIPLINE RECORD

Student's Name:	Previous School:
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Section 1 – For Student and Parent

A willful false statement on this affirmation will result in possible removal from Anchor Bay School District.

DIRECTIONS: Please check the applicable paragraph, provide all appropriate information, and sign this document.

Paragraph 1:

_____The undersigned affirms that _____ **has NOT** been suspended or expelled, or is not in the process of being suspended or expelled from any public or private school in Michigan or any other state 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 persons 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 or school sponsored activity.

Paragraph 2:

_____The undersigned affirms that _____ **has been** suspended or expelled or is in the process of being suspended or expelled from a public or private school in Michigan or another state for one or more offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons 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 or school sponsored activity.

IF YOU CHECKED PARAGRAPH 2, EXPLAIN THE CIRCUMSTANCES IN DETAIL. INCLUDE THE SCHOOL NAME, DATES OF SUSPENSION OR EXPULSION, AND A DESCRIPTION OF THE INCIDENT GIVING RISE TO THE SUSPENSION OR EXPULSION.

_____ Date _____ Signature of Parent/Guardian (Student signature if 18 years or older)

Date copy sent for verification: _____ Initials of Anchor Bay staff member _____

Section 2 – Previous School – Please check one of the statements below, sign and send back to requesting school

Name of Sending (Former) School District _____

_____ According to our records, we can verify that the information provided above by the parent/student is correct.

_____ According to our records, the information provided above by the parent/student is not correct.

If the student has been involved in offenses involving weapons, alcohol or drugs, or willful infliction of injury to persons or an 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 disciplinary documentation.

Date	Signature of Previous School Administrator
Phone	Title