

WARREN WOODS PUBLIC SCHOOLS
SCHOOLS OF CHOICE APPLICATION REQUIREMENTS
Kindergarten Applicants
2024-2025 Application period (02/01/2024– 08/08/2024)

All items as listed below must be submitted with the application.

- Schools of Choice Application - Completely filled in and signed by the Parent/Guardian. **The application is not the same thing as doing Registration Gateway online.**
- Three Proofs of Residency (All applicants must be a **Macomb County resident - all proofs of residency must reflect Birth Parent or Guardian's name and address**).
 - **One** of any of the following in the address you are applying for:
 - Current City Property Tax Statement
 - Current Rental/Lease Agreement
 - Current Mortgage Statement

~AND~
 - **Two** of the following in the address you are applying for (any combination of two- reflecting Parent/Guardian's name and address):
 - Current utility bills (not the Warren water bill) and/or
 - Credit card statements

Shut off notices and intent to shut off notices will not be accepted.
- Building Preference Request – You must fill out your 2nd and 3rd choice of building preference.
- Original Birth Certificate of the child (with the raised seal)
- Complete immunization record for the child
- Hearing and Vision Screening
- Custody/Guardianship Documents **if necessary**.
- Guardian Picture ID (identification only)
- Please go to our online enrollment program – Registration Gateway @ <https://warrenwoods-registration.hosted.src-solutions.com> to complete the online enrollment forms. **You will need to answer “yes” to the question “Are you a resident of the district?” When you get to the portion of the program where you are required to put in your address and what district you live in, please answer with the correct information.**

Please note: ENROLLMENT IS BY APPOINTMENT ONLY.

Your application will be considered complete and will be considered for review when all the above-mentioned items have been received by the Pupil Services Office. Pupil Services will not accept your application until you have all the documents listed above. Parents will be notified via mail on the outcome of the application process.

Applications must be submitted in person to:

Warren Woods Public Schools
Attention: Becki Borycz, Pupil Services
12900 Frazho Road
Warren, MI 48089

Deadline to submit applications: 08/8/2024 3:00 pm, no exceptions.

2024-2025

WARREN WOODS PUBLIC SCHOOLS
SECTION 105- SCHOOLS OF CHOICE APPLICATION

Student Name _____ Date of Birth _____

Parent Name _____ Grade Applying For _____

Does the applicant have a sibling currently attending Warren Woods Public Schools? Yes No (please circle)

If Yes, what building(s)? _____

If applying for K-5, what **grade school** are you hoping to attend? _____ Briarwood _____ Pinewood _____ Westwood

Parent/Student Address _____

Street

City

Zip code

Telephone (Home) _____ (Work) _____

Cell Phone _____ Parent email _____

Please list any special programs/services received in the student's current school

Does the student currently have an (I.E.P.) Individual Education Plan for Special Education or speech with his/her current school? _____ Yes _____ No

Has the student ever been suspended from school? _____ Yes _____ No

If yes, please detail _____

Has the student ever been expelled from school? _____ Yes _____ No

If yes, please give date of expulsion _____

School District where you live _____

I understand that:

- Placement will be made on a space available basis.
- Transportation to and from school is the sole responsibility of the parent.
- My student will be expected to abide by the Pupil Conduct Code to maintain enrollment.
- Eligibility for participation in athletics is determined by Michigan High School Athletic Association Rules.
- Final approval of this application requires verification of eligibility and residency within Macomb County.
- My signature below grants permission to my child's current school district official to share/provide

Student's Name _____'s school records which includes academic and disciplinary information with Warren Woods Public School officials.

I accept Warren Woods Public Schools Section 105 Schools of Choice Guidelines as presented.

Signature of Parent/Guardian _____ **Date** _____

Return completed form to: Becki Borycz, Pupil Services
12900 Frazho Rd
Warren, MI 48089
586-439-4443

Warren Woods Public Schools Use Only

⑥ Approved Grade _____

⑥ Wait List Grade _____ # _____

⑥ Not Approved _____

Stacey Denewith-Fici, Superintendent

Date _____



**WARREN WOODS PUBLIC SCHOOLS
SCHOOL OF CHOICE ELEMENTARY BUILDING PREFERENCE FORM**

MUST BE FILLED OUT FOR STUDENTS APPLYING FOR GRADES K – 5 ONLY

Last Name	First Name	Date of Birth	Grade applying for

<p>Elementary Building Preference: You must fill in all 3 choices in preference order- leaving 2nd and 3rd choice blank will not increase your chances of getting your 1st choice.</p>
1 st Choice:
2 nd Choice:
3 rd Choice:

Note (Elementary Applicants only): Building preference placement priority is provided to applicants whose siblings are currently enrolled in a specific elementary site or program to ensure that families are kept together where possible. All other applicants will be placed based upon available seats. While we cannot always guarantee that a seat will be available in your first building of choice, we will secure a seat for your child in one of our three outstanding elementary facilities. Upon approval into our Schools of Choice program, final building placements will be determined, and parents will be notified accordingly at a later time.

<p>Does the applicant have any <i>siblings</i> CURRENTLY attending Warren Woods Public Schools? (If yes, please provide names of students and the buildings where they are enrolled.)</p>		
Student Name	Building Attending	Grade



Kindergarten Readiness Assessment 2024 Information for Families

Macomb Intermediate Schools and Warren Woods Public Schools are working to improve the way we gather information about kindergarten students at the beginning of the school year. This work is happening in conjunction with several other states, and in partnership with the Michigan Department of Education and the Johns Hopkins University Center for Technology in Education.

What is the purpose of the Kindergarten Readiness Assessment (KRA)?

The KRA will help school districts better understand how to gather information about students' skills and behaviors at the start of kindergarten. The results from the KRA will not be used to evaluate your child's performance but can be used by teachers to inform instruction for the entire class. When will the Kindergarten Readiness Assessment take place? The KRA will take place between the beginning of the school year and the end of October.

What will your child be asked to do?

Your child's teacher will lead him/her through a series of activities and questions. The teacher will also observe your child's behavior during the normal daily routine. All activities and questions have been developed specifically for children who are just entering kindergarten.

How will data be collected and used?

All the information that will be collected about your child will be kept confidential and in a secure location. No identifying information about your child will be shared.

If you have any questions about the Kindergarten Readiness Assessment, please contact Kara Beal at 586.439.4469 or kbeal@mywwps.org

To assist your school district, have the most complete information about children enrolling in kindergarten, please complete the following information about your child.

Child's First Name: _____ Middle Initial: _____ Last Name: _____ Child's Date of Birth: _____

What was your child's primary form of care in the last year? (Check up to 3 relevant choices). If the child was primarily at home during the last year, please check **No Prior Care**.

Great Start Readiness Program (GSRP) (State funded program age 4 by Sept 1st)

Head Start (Federally funded program ages 3 & 4)

Early Childhood Special Education Classroom (School based preschool for special needs students with an IEP)

Child Care-Home Based (Operated out of a private home)

Private Child Care Center (Commercial business that may be independent or part of a chain)

Registered Family/Relative Child Care (Family or relative care provider receiving state assistance to provide care)

Tuition-Based Preschool (Full or half day of instruction and learning)

No Prior Care Program (Stay at home for care)

Kindergarten (Child has been retained for a second year of kindergarten)



SUPERINTENDENT - STACEY L. DENEWITH-FICI
DEPUTY SUPERINTENDENT - NEIL CASSABON
DIRECTOR OF CURRICULUM - KARA BEAL

**WARREN WOODS PUBLIC SCHOOLS
12900 FRAZHO ROAD, WARREN, MI 48089**

**Consent for Disclosure of Personally Identifiable Information and Immunization
Information to Local and State Health Departments.**

Immunizations are an important part of keeping our children healthy. Schools and State and Local Health Departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, date of birth, gender, and address with Local and State Health Department will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the Health Department. If you child is 18 or over, he or she is and "eligible student" and must provide consent for disclosure of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize WARREN WOODS PUBLIC SCHOOLS to release my child's immunization record and personally identifiable information for the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name _____ Date of Birth _____

Signature of Parent/Guardian _____

Or Eligible Students _____ Date _____

Printed Parent/Guardian Name _____