



**Guidelines for External
Schools of Choice
2023-2024**

Application Window

Unlimited Seats	
Grades DK -- 12	March 3, 2023 – September 9, 2023

1. Must be a resident of Macomb County.
2. Applications for Young 5's through Grade 12 are being accepted starting March 3, 2023 and will continue through 12:00 p.m., September 9, 2023. **Bring applications to the Enrollment Office at the Administration Building, 30375 Clark Street, New Haven, MI 48048 by appointment.**
3. New Haven Community Schools is opening unlimited seats Young 5's through Twelfth grade.
4. Siblings of students who are enrolled to attend New Haven Schools through school of choice will be given priority to attend.
5. Once students are accepted, they can remain in our district until they graduate.
6. Applicant students **suspended or expelled within the last 2 years will be excluded.**
7. Transportation is the responsibility of the family. **All students will need transportation no later than 15 minutes beyond the end of the school day.**

For questions:

Call: 586-421-2432 Fax: 586-749-2221



**EXTERNAL SCHOOLS OF CHOICE
APPLICATION INSTRUCTIONS**

2023-2024 School Year

ITEMS TO BE SUBMITTED

All Items That Apply Must Be Submitted With the Application

- External School of Choice Application.
- Copy of **two** pieces of proof of residency (**must live in Macomb County Section 105**). We will accept a current utility bill, tax bill, purchase agreement, or lease agreement.
- Child's most current report card. High school students must send a current transcript.
- Affirmation of prior discipline letter signed by parent/guardian. (**We** will send it to your current school for a signature).
- Child's most **current IEP** if special needs / accommodations are required.

Please submit **all** of the above items. After all the items have been received with the completed application you will be notified by mail of your acceptance.



2023-2024 External Schools of Choice Application (Section 105 In County)

Unlimited March 3, 2023 through September 9, 2023

S T U D E N T	Grade Student Entering in 2023-2024:		
	Last Name:		First Name:
	Birth Date (mm/dd/yy):		Age: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Has student ever been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has student ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Note: Applicant students suspended within the last 2 years, or ever expelled or convicted of a felony will be excluded.</p>		
	<p>Is your child presently receiving any special services (i.e., special education, speech, etc.)? If yes, we need a copy of current IEP. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
	In Which School District Do You Reside?		Name of School You Would Be Attending in Home District?
School District Student Attended In 2022-2023:			
P A R E N T	Last Name:		First Name:
	Address:		City: Zip:
	Home Phone:	Cell Phone:	Work Phone:
	How did you hear about us? <input type="checkbox"/> TV <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Other		
<p>If any <u>other children residing</u> in your household are also applying, please list below and remember to fill out a <u>separate application for each.</u></p>			
		<u>Grade for 2023-2024</u>	<u>Already Attending NHCS?</u>
Last Name:	First Name:		<input type="checkbox"/>
Last Name:	First Name:		<input type="checkbox"/>
Last Name:	First Name:		<input type="checkbox"/>

PARENT/GUARDIAN IS RESPONSIBLE FOR TRANSPORTATION

*I understand that I will be responsible for transporting my child to and from school. All students will need transportation **no later than 15 minutes beyond the end of the school day.***

Please Initial

I certify that the above information is accurate and complete to the best of my knowledge. Further, I understand that if any of the information is found to be incomplete or inaccurate, it could result in the loss of my child's eligibility for acceptance and removal from the New Haven's Schools of Choice program.

Signature of Parent/Guardian: _____

Date: _____

Return completed paperwork to:

New Haven Community Schools
30375 Clark Street, PO Box 482000, New Haven, MI 48048

For questions:

Call: 586-421-2432

Fax: 586-749-2221

NOTICE OF NONDISCRIMINATION. It is the policy of New Haven Community Schools not to discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Civil Rights Coordinator, Superintendent of Schools, Administration, 30375 Clark Street, PO Box 482000, New Haven, MI 48048 Phone: (586) 749-5123. / Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, (same address and phone)



Phone: 586-421-2432
Fax: 586-749-2221 ATTN: Diane Brohl
Email: dbrohl@newhaven.misd.net

Affirmation of Prior Discipline Record

By initialing here, I authorize the school(s) listed below to release discipline records

Parent/Guardian – Please fill and sign the top portion of this form. New Haven will send it to their current school for verification.

A willful false statement on this affirmation will result in a possible removal from New Haven Schools.

PREVIOUS SCHOOL DISTRICT: _____

BUILDING: _____

Address: _____

Phone: _____ **Fax:** _____

The undersigned affirms that _____
(print student's name)

_____ **Has** _____ **Has Not** (please check one) been **suspended or expelled** from any public or private school in Michigan or any other state.

Signature of parent/guardian _____ **Date:** _____

Previous School District: _____

Please check one of the statements below:

- According to our records, we can verify that the information provided above by the parent is correct.
- According to our records, the information provided above by the parent is not correct. Please explain.

Date _____ **Signature of Sending School District Administrator/Title**

Name of School _____ Telephone _____

Please fax or e-mail the completed form to the information listed in the above box.



Permission for Release of Information

To: _____
(Name of school) _____ Date

_____ Address City State Zip

_____ School Phone

_____ School Fax

Re: _____
Student's name

Date of Birth: _____

The student listed above will enroll in our school **for the 2023-2024 school year.**

Please send the **CA-60** file, complete with health records, transcripts, disciplinary records, and any other academic information you may have. Also send all Special Education Information (psychological testing, social work summaries, IEP's, etc.) to:

(stamp name & address of NHCS building)

Signature of parent/guardian

Date