



CHIPPEWA VALLEY SCHOOLS

Educational Services

19120 Cass Avenue, Clinton Township, MI 48038

(586) 723-2020 --- FAX (586) 723-2021 --- EMAIL: choosechippewa@cvs.k12.mi.us

Inspiring and empowering learners to achieve a lifetime of success

2025-2026 Schools of Choice Information

Thank you for your interest in Chippewa Valley Schools. We are excited to have this opportunity to share our outstanding educational programs with neighboring Macomb County families.

- Chippewa Valley Schools is accepting applications for grades K-11 in buildings where space is available.
- **Applications will be accepted between Monday, February 24, 2025, and Wednesday, August 27, 2025.**
- The student must be a resident within the Macomb Intermediate School District boundaries (Macomb County) to be eligible.
- Students who have been suspended or expelled within the last two (2) years will be excluded.
- Siblings of students who are currently enrolled in Chippewa Valley Schools through Schools of Choice will be given priority to attend, based on available space.
- To qualify for Schools of Choice you must complete the application and submit the required documentation listed below. Incomplete registration packets will not be accepted.
- You will be notified by mail if your student is approved. **When your child is approved for School of Choice**, you will be prompted to begin the online enrollment process. If you begin the process before the SOC approval, your enrollment will be removed from the system.
- **If your application is received after August 14, 2025, there is no guarantee your student will start school on the first scheduled day.**
- If a student is accepted as a School of Choice student, parents are responsible for transporting their child to and from school. **Transportation is not provided by Chippewa Valley Schools.**

School of Choice Application Packet Must Include:

- Student's most recent report card (or transcript)
- Student's proof of discipline verification from the previous school
- Copy of student's birth certificate (original will be required during enrollment process)
- Proof of residency (two current proofs of residency at Macomb County address)
- Copy of Driver's License
- When applicable, the student's copy of and IEP or 504 Plan

Send SOC Applications by Mail or Drop Off:
Chippewa Valley Schools Educational Services
19120 Cass Avenue
Clinton Township, MI 48038

Fax: (586) 723-2021
Email: choosechippewa@cvs.k12.mi.us

If you have any questions, please contact Educational Services at (586) 723-2020.



ELEMENTARY SCHOOLS OF CHOICE APPLICATION

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STUDENT INFORMATION

Student's Legal Name: _____ Date of Birth: _____

Parent(s)/Guardian's Legal Name(s): _____

Current Address: _____ Telephone: _____

City/State/Zip: _____ Parent Email: _____

School District in Which You Live: _____

Current School: _____

ADDITIONAL INFORMATION

Does the student have a(n): (If yes, please submit a copy of applicable plan.)

Individualized Educational Plan (IEP) YES _____ NO _____ or **504 Plan** YES _____ NO _____

DISCIPLINE (The Discipline Verification Form and 2 years of discipline records, must be submitted from student's current school.)

Has the student ever had discipline problems? YES _____ NO _____

Has the student ever been suspended? YES _____ NO _____

Has the student ever been expelled? YES _____ NO _____

PREFERRED SCHOOL

Select three elementary schools for consideration. A school will be assigned based on available space.

Grade Level for **2025-2026** School Year: **K** _____ **1** _____ **2** _____ **3** _____ **4** _____ **5** _____

SIBLINGS

Do you have a child/ren already enrolled in the Chippewa Valley Schools of Choice Program? YES _____ NO _____

If yes, name the student(s) and school(s) _____

Are you currently applying for Schools of Choice for another child(ren)? YES _____ NO _____

If yes, name the student(s) and grade(s) _____

By signing below, I acknowledge that I have read and understand this information regarding the Chippewa Valley Schools of Choice Program. I understand that to be considered in the Schools of Choice Program this application must be accurately completed. I hereby give the Chippewa Valley School District permission to make inquiry of past performance and to request release of information including CA-60 files, student records and any discipline files. I live in Macomb County and **am responsible for my child's transportation**. Chippewa Valley will not provide transportation. False, misleading, or incomplete information will disqualify your child from Chippewa Valley Schools of Choice, or result in appropriate disciplinary action, including permanent expulsion. Any questions should be directed to the Educational Services Department at: (586) 723-2020.

➡ Parent/Guardian Signature _____ Date _____

