



## 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](mailto:choosechippewa@cvs.k12.mi.us)

**Inspiring and empowering learners to achieve a lifetime of success**

## 2025-2026 Schools of Choice

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, through 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](mailto:choosechippewa@cvs.k12.mi.us)

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



# SECONDARY SCHOOLS OF CHOICE APPLICATION

## Chippewa Valley Educational Services

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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 plans.)

**Individualized Educational Plan (IEP)** YES \_\_\_\_\_ NO \_\_\_\_\_

**504 Plan** YES \_\_\_\_\_ NO \_\_\_\_\_

Has your student participated in High School Athletics? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please review the MHSAA transfer rules on School of Choice information page

**\*\*If you have questions, please contact the athletic director from one of the high schools**

**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**

Middle School: Algonquin \_\_\_\_\_ Iroquois \_\_\_\_\_ Seneca \_\_\_\_\_ Wyandot \_\_\_\_\_

High School: Chippewa Valley \_\_\_\_\_ Dakota \_\_\_\_\_ Mohegan \_\_\_\_\_

Grade Level for 2025-2026 school year: 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_

### **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 \_\_\_\_\_



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### Discipline Verification

**Parent/Guardian:** Complete the top half of this form, sign, date and **submit to your student's current school for review and signature.** **The completed form is to be returned to Chippewa Valley Schools by the current school and MUST include the student's discipline log for the previous two (2) years.**

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

#### **STUDENT INFORMATION**

Student's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Entry/Start Date: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School's Address: \_\_\_\_\_

School's Phone Number: \_\_\_\_\_

Has the student ever been expelled for any reason? No \_\_\_\_\_ Yes \_\_\_\_\_ (attach documentation)

Has the student had any in school or out of school suspensions during the previous two years?  
No \_\_\_\_\_ Yes \_\_\_\_\_ (attach documentation)

Has the student withdrawn from a school district in lieu of being charged with conduct which may have resulted in expulsion or long-term suspension? No \_\_\_\_\_ Yes \_\_\_\_\_ (attach documentation)

Has the student been suspended or expelled from any public or private school, 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 person 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 sponsored activity?  
No \_\_\_\_\_ Yes \_\_\_\_\_ (attach documentation)

Has the student been convicted of a crime or are any felony charges pending against the student?  
No \_\_\_\_\_ Yes \_\_\_\_\_ (attach documentation)

Parent/Guardian Verification: I verify the above information to be true and accurate. I request student discipline records to be disclosed to the Chippewa Valley School District.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **To be Completed by Current School Administrator After Parent Fills Out Top Portion**

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

According to our school records, we can verify that the information provided above by the parent/guardian is:

Correct \_\_\_\_\_ Incorrect \_\_\_\_\_

\_\_\_\_\_  
Signature of Current School Administrator

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date