

**WARREN WOODS PUBLIC SCHOOLS**  
**SCHOOLS OF CHOICE APPLICATION REQUIREMENTS**  
**1<sup>st</sup> - 11<sup>th</sup> grade**

2025-2026 Application period (02/03/2025– 07/31/2025)

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

- Schools of Choice Application - Completely filled in and signed by the Parent/Guardian. **The application is a separate process than Registration Gateway and must be completed prior to your registration appointment.**
- 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 2<sup>nd</sup> and 3<sup>rd</sup> choice of building preference.
- Original Birth Certificate of the child (with the raised seal)
- Complete immunization record for the child
- Hearing, Vision and Dental Screening - **Kindergarten only**
- 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: 07/31/2025 3:00 pm, no exceptions.**

# \_\_\_\_\_

2025-2026

**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

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

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



Warren Woods Public Schools

12900 Frazho Road

Warren, MI 48089

(586) 439-4443

Email:rborycz@mywwps.org

## **AFFIRMATION OF PRIOR DISCIPLINE RECORD**

for School of Choice Applicants (required for all grades except Kindergarten)

This form **MUST** be completed by **EACH school/district** the student has attended during the **entire 2023-2024 AND the entire 2024-2025 school years**. **This form and a print-out of all behavior for the student during this timeframe (even if blank) MUST be EMAILED with this form by the school district.**

**DIRECTIONS:** Please have the school(s) or district(s) that your child is coming from complete this form. All sections must be filled out. **The signature of a school official AND a parent/guardian is required on this form.** Failure to complete any section of this form can be reason for denial of the School of Choice Application or completion of processing the application. Requiring the information below is supported by State Law.

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Former School/District: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

Dates student attended former School/District: **(Must include start and end date)**

I legally attest that the statements below are, to the best of my knowledge, truthful. A willful false statement on this affirmation can result in a report to the appropriate authorities and may result in your student not being accepted or admission revoked from Warren Woods Public Schools. I understand that the prior district(s) will be contacted and that disciplinary records will be released to Warren Woods Public Schools.

The undersigned affirms that the student above has or has not been in-school or out-of-school SUSPENDED or EXPELLED at any time during the entire **2022-2023 or the entire 2023-2024** school years from any public or private school in Michigan or any other state.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **OFFICE USE ONLY BELOW**

The child named above:

- |  |                    |                        |
|--|--------------------|------------------------|
| • (Please circle the appropriate response) | HAS been suspended | HAS NOT been suspended |
| • (Please circle the appropriate response) | HAS been expelled  | HAS NOT been expelled  |

Printed Name and Title of School Official: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

Additional comments: \_\_\_\_\_



SUPERINTENDENT - STACEY L. DENEWITH-FICI  
DEPUTY SUPERINTENDENT - NEIL CASSABON  
DIRECTOR OF CURRICULUM - MICHELLE VOELKER

**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 your 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.

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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 that this information will be used to improve the quality of 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 \_\_\_\_\_

[www.warrenwoods.misd.net](http://www.warrenwoods.misd.net)



## WARREN WOODS PUBLIC SCHOOLS

### AUTHORIZATION FOR REQUEST/RELEASE OF STUDENT RECORDS

The student listed below has enrolled in Warren Woods Public Schools. Please mail the student's complete school records to the address listed below or notify the school if you have no record of the student. **Records include: CA-60, transcript of grades and credits, achievement and ability test scores, health records and any other pertinent information concerning the student including attendance records and discipline records.** These records include CONFIDENTIAL information that may influence the student's educational planning (i.e. medical, psychiatric, psychological, social work, speech/language reports and/or other special education services).

Under the provisions of the Privacy Rights of Parents and Students Act, page 1213, Subpart D, 99.30 (b) it is not necessary to have the written consent of the parents to release records "to officials of other schools or school systems in which the student seeks or intends to enroll..."

#### Student Information:

LAST NAME	FIRST NAME	DATE OF BIRTH	CURRENT GRADE

#### Previous School Information:

PREVIOUS SCHOOL NAME	
PREVIOUS SCHOOL ADDRESS	
PREVIOUS SCHOOL PHONE	PREVIOUS SCHOOL FAX

I hereby grant permission for the release of the above record(s) to Warren Woods Public Schools

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

Date

PLEASE SEND **SPECIAL EDUCATION RECORDS** including 504 plan, psychological & testing information IEP & MET) to:

**WARREN WOODS PUBLIC SCHOOLS  
SPECIAL SERVICES DEPARTMENT  
12900 FRAZHO RD  
WARREN, MI 48089**

#### PLEASE SEND CA-60 STUDENT RECORDS TO:

- ☐ **Warren Woods Tower High School**, 27900 Bunert Rd, Warren, MI 48088 586-439-4402; Fax 586-445-8013
- ☐ **Warren Woods Middle School**, 13400 Twelve Mile Rd, Warren, MI 48088 586-439-4403; Fax 586-574-9830
- ☐ **Briarwood Elementary School**, 14100 Leisure Dr, Warren, MI 48088 586-439-4404; Fax 586-445-6335
- ☐ **Pinewood Elementary School**, 14411 Bade Dr, Warren, MI 48088 586-439-4405; Fax 586-778-3520
- ☐ **Westwood Elementary School**, 11999 Martin Rd, Warren, MI 48093 586-439-4406; Fax 586-573-4813
- ☐ **Enterprise High School**, 28600 Suburban Dr., Warren, MI 48088 586-439-4407; Fax 586-578-9474