

**WARREN WOODS PUBLIC SCHOOLS**  
**SCHOOLS OF CHOICE APPLICATION REQUIREMENTS**  
**Kindergarten Applicants**

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



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)



## Kindergarten Readiness Assessment 2025 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 Michelle Voelker at 586.439.4469 or [mvoelker@mywwps.org](mailto:mvoelker@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: \_\_\_\_\_ 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)

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



## KINDERGARTEN ORAL HEALTH ASSESSMENT FORM

The Kindergarten Oral Health Assessment law [Public Health Code Act 368 Section 333.9316] was passed to ensure that children entering their first year of school are able to receive an oral health assessment (dental screening) prior to starting school. Good oral health is important to help children stay healthy and ready to learn. This optional assessment will let you know if your child has any dental problems that require attention by a dentist. The assessment must be done by a Registered Dental Hygienist, Dentist, or Dental Therapist.

### STUDENT INFORMATION

Child's Name (Last, First, Middle)	Date of Birth (mm/dd/yy)
Address (Number, Street, City, Zip Code)	Home/Cell Phone Number
Parent/Guardian Name (Last, First, Middle)	Parent/Guardian Email
School Name	

### DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS (Licensed dental professional must complete this section)

Date of Service		Type of service <input type="checkbox"/> Dental Exam <input type="checkbox"/> Dental Assessment	
Findings (check all that apply) <input type="checkbox"/> No urgent needs <input type="checkbox"/> Treated decay <input type="checkbox"/> Untreated decay	Recommendations (check ONE) <input type="checkbox"/> Routine care <input type="checkbox"/> Referral for urgent needs/restorative care or specialist		
Screening Provider (check one) <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Therapist <input type="checkbox"/> Dental Hygienist			
Provider Signature		Agency/Local Health Department	
Provider Name (print)		Phone	

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Did You Know?

Being prepared for kindergarten starts with a dental assessment. Children are now required to have one prior to starting school.

A healthy mouth is important. **Dental problems can prevent children from doing well in school.** Children are required to have a dental assessment before starting kindergarten so that any problems can be fixed and they start school ready to learn.



**Cavities are common.** Tooth decay (cavities) is the most common chronic disease in children.



**Cavities can cause pain.** Pain can make it hard for children to pay attention in school, prevent them from eating well and keep them awake at night. All of this can affect their ability to learn.



**Dental problems affect attendance and grades.** Children with dental problems miss more school than children with good dental health.

## Facts About Kindergarten Dental Assessments

- 1 It's easy to get your child screened.** Local health departments provide the assessments (screenings) at places like preschools, school enrollment events, community events and at the health department. Check with your school or the local health department for a schedule.
- 2 The assessment is free.** There is no cost to you if the local health department does the assessment. Check with the school to see if it will have a registration event and if dental staff from the health department will be there or call the health department to check when and where they will be doing assessments.
- 3 A dental assessment is simple and fast.** A dental professional will look into your child's mouth and note what they see on the assessment form. No treatment is done. It's simply a quick look in the mouth. They will let you know if your child needs to see a dentist.
- 4 Help is available.** The local health department can help you find a dentist if you don't have one. Your child may be able to enroll in the Michigan Healthy Kids Dental Program if they don't have insurance. For information about Healthy Kids Dental, visit [www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteen/bkdental](http://www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteen/bkdental)

## Common Questions

**How will my child benefit from having a dental assessment?**

Dental problems can cause pain and make it difficult for children to pay attention in school, prevent them from eating and sleeping well, and can even affect their ability to speak and socialize. All of this can affect a child's ability to learn and do well in school. Children benefit from having a dental assessment before starting school to check for any dental problems that need to be fixed so that they start school ready to learn.

**How can I get the assessment done?**

The school should give you a form, or you can download it from the MDHHS Kindergarten Oral Health Assessment website. You can take this form to your dentist to get the assessment done, or you can have it done by the local health department. **There is no cost to you if the assessment is done by the local health department.** Check with the school to see if it will have a registration event and if dental staff from the health department will be there or check with the health department for their schedule.

**Do my older children need a dental assessment, too?**

The dental assessment requirement is only for children entering kindergarten, but it is highly recommended that all children see a dentist at least once a year.

**What if I don't have a dentist or I can't afford one?**

The local health department can provide you with a list of dental providers in your area. Check the Michigan Oral Health Directory for a list of low- and no-cost dental providers by county: <https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/familyhealth/oralhealth>. If your child does not have dental insurance, they may be eligible for the Michigan Healthy Kids Dental Program: [www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteens/hkdental](http://www.michigan.gov/mdhhs/assistance-programs/healthcare/childrenteens/hkdental).

**For More Information:**

[MDHHS-KOHA@michigan.gov](mailto:MDHHS-KOHA@michigan.gov)



The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination

