Southfield Public Schools

University Middle & High School Academies

Application Packet
For 2020-2021 School Year

Students Entering 6th -7th - 8th -9th -10th and 11th Grades

Southfield & Lathrup Village Residents Only

Applications MUST be returned to:
University Middle & High School Academies
19301 W. Twelve Mile Road
Lathrup Village, MI  48076
248-746-4370 (phone)    248-746-4374 (fax)

Visit our website to learn more about our school.

Application Acceptance Dates:

Friday, January 10, 2020
thru
Friday, March 13, 2020

Incomplete applications will not be considered.
Application Checklist

Make sure the following requirements are met:

✓ Complete One-Page Application
✓ Complete Release of Information form
✓ Complete **TYPED STUDENT STATEMENT** detailing your interest in attending University Middle & High School Academies
✓ Provide a copy of **MAP scores (January 2019)** for students entering grades 6th through 8th
✓ Provide a copy of **PSAT scores (Fall 2019)** for students entering grades 9th through 11th
✓ Provide a **copy of the high school transcript** for students entering 10th and 11th grade only or the **most recent report card** for elementary/middle school students
✓ Provide a copy of IEP or Section 504 if applicable
✓ Attend Mandatory Testing *on our Campus

*Keep this page for testing information.*

*UM&HSA Entrance Exam: Please make sure your email address is printed clearly. You will receive an email with detailed information for test date and times.*
University Middle & High School Academies
APPLICATION FOR THE 2020 – 2021 SCHOOL YEAR
6th thru 11th Grades
(Please Print Clearly)

Student’s Last Name __________________________ First Name __________________________ Middle Initial

Address:________________________________________________________________________

City:__________________________ Zip: ______________________

Southfield Public School District Employee: YES____ NO____

Date of Birth: ___/___/______ Current Grade _____ Male _____ Female _____

SPS Student ID #:______________ Current School:_____________________________________

School Address:________________________________________________________________

City:__________________________________ Zip:____________________________

Is student currently designated for an IEP or Section 504? YES_____NO_____

Has the student been suspended or expelled from school? YES_____NO_____

By signing below, I attest that this information is accurate and complete to the best of my knowledge, information and belief. Failure to disclose accurate and complete information will disqualify the student’s ability to attend University Middle & High School Academies.

Mother/Guardian: ___________________________ Phone: ___________________________

Father’s/Guardian: ___________________________ Phone: ___________________________

Email Address:* ____________________________________________

Please print clearly – detailed test information will be sent via email

STUDENT STATEMENT (TYPED): Explain why you would like to attend University Middle & High School Academies (separate sheet of paper).
University Middle & High School Academies
Release of Information

Student’s Last Name (Please Print)        First Name        Date of Request

Student’s Birthdate        Current Grade        Home Address

<table>
<thead>
<tr>
<th>INFORMATION REQUESTED</th>
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</thead>
<tbody>
<tr>
<td>_____ Attendance Records</td>
</tr>
<tr>
<td>_____ Academic Records</td>
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<tr>
<td>_____ Discipline Records</td>
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<tr>
<td>_____ IEP/504 Plan</td>
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</tbody>
</table>

School: ____________________________
Address: ____________________________

I hereby authorize you and/or your department to release informant as indicated above concerning the named individual. Information received will be used solely for educational planning and will not be transferred to a third party without written permission from parents or legal guardian.

This parental release of information and/or sending of school information is in compliance with Federal Public Law 93-380

Is authorized to communicate with and send material identified above to:

University Middle & High School Academies
Attn: Marcia M. Williams, Dean
19301 Twelve Mile Road, Lathrup Village, MI 48076
248-746-4370 (phone)   248-746-4374 (fax)

Signature of Requester: ____________________________Phone ____________________________
(Parent/Guardian Signature)