



SOUTHFIELD PUBLIC SCHOOLS

2025-2026 APPLICATION FOR SCHOOL OF CHOICE ENROLLMENT **SECTION 105 / 105C**

Pupil Registration: 16299 Mt. Vernon, Southfield, MI 48075 • (248) 746-7601

Open to Oakland, Macomb, Wayne and Livingston County Residents

Please complete this form and **UPLOAD** it to your online application if
You received an **ACCEPTANCE** email/letter for enrollment into the **UNIVERSITY K-12 ACADEMY ONLY**

Incomplete applications will not be eligible for placement. Please complete a separate application for each student.

Student: _____ Date: _____

Date of Birth: _____ Grade in the Fall 2025: _____

Address: _____

Parent/Guardian: _____ Phone: _____

Relationship to Student: Mother Father Legal Guardian

School district attended in the 2024-25 School Year: _____

School Name: _____ City/State: _____

Has your child been suspended or voluntarily withdrawn from school in 23-24 or 24-25? Yes No

If yes, please indicate the reason(s): _____

Date of suspension: _____ Number of days suspended: _____

Has your child **ever** been expelled from a school? Yes No

If yes, please indicate the reason(s): _____

Does the student require Special Education Services? Yes No

If Special Education Services are required, please be sure to upload a copy of the full **current** IEP

BY SIGNING THIS FORM, I UNDERSTAND THAT TRANSPORTATION IS NOT PROVIDED AND IS THE RESPONSIBILITY OF THE PARENT(S)/GUARDIAN(S)

Parent/Guardian Signature: _____ **Date:** _____

Note: Falsification of information contained in the application will immediately void such agreement and result in said child being dropped from Southfield Public Schools. Any false statements made in this application may subject the undersigned to criminal penalties for perjury.