



Southfield Public Schools

APPLICATION FOR SCHOOL OF CHOICE ENROLLMENT **SECTION 105/105C - 2024-2025**

PH: (248) 746-7601 #3

Open to Oakland, Macomb, Wayne, and Livingston County Residents
Please fill out ONLY if you have received an ACCEPTANCE email/letter for enrollment into the University K12 Academy for the 2024/2025 School Year

Please complete this form and UPLOAD to your online application
(One for each student applying)

Student: _____ (Last Name) (First Name)	Today's Date: _____
Date of Birth: _____	Grade in Fall August 2024: _____
Address: _____ (Street Number & Name) (City) (Zip Code)	
Parent/ Guardian: _____ (Last Name) (First Name)	Home: () _____ Work: () _____

Relationship to student: _____

School district attended in 2023-2024 school year: _____

School Name: _____

Has your child been suspended or voluntarily withdrawn from school in 22-23 or 23-24? Yes No

If yes, please indicate reason(s) _____

Date of suspension: _____ Number of Days Suspended: _____

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

If yes, please indicate reason(s) : _____

Does your student receive Special Education services? Yes No

If Special Education Services are required, please upload a copy of the **current** IEP.

TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT(S).

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

Parent/Guardian Signature

Date