



## SOUTHFIELD PUBLIC SCHOOLS

2026-2027 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 2026: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student:  Mother  Father  Legal Guardian

School district attended in the 2025-26 School Year: \_\_\_\_\_

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Has your child been suspended or voluntarily withdrawn from school in 24-25 or 25-26?  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.**