



# Waterford School District 2025-2026 Fall Semester School Selection Application

**APPLICATION DEADLINE – JUNE 30, 2025**

School Selection transfers are granted under the Board of Education Policy with the following conditions:

- Approval of this transfer is contingent upon building capacity and class size guidelines.
- Incoming kindergarten students must be enrolled prior to submitting the application.
- If the number of students applying exceeds the number of open seats, the selection will be made by a lottery.
- Transportation must be provided by the parent/guardian.
- Siblings will be given priority; however, they are not guaranteed a transfer.
- Students are granted a School Selection transfer once for their elementary, once for their middle, and once for their high school years. You must reapply at each level.
- All rules of the Michigan High School Athletic Association will be followed.
- School Selection transfers take effect on the first day of the semester.
- In compliance with federal regulations, the Waterford School District does not discriminate on the basis of race, creed, gender, national origin, or non-disqualifying handicaps.

School Selection transfers may be rescinded if:

- The student is consistently late or absent for school
- The student is disruptive to the learning environment.
- The student is failing academically.

***This application does not guarantee a placement at the selected school.***

*My signature indicates that I have read and agree to the conditions listed above.*

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Principal Signature VLAC ONLY Date

**Please Print**

Student's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Current (2024-25) School Attending \_\_\_\_\_ Grade (2025-26) \_\_\_\_\_

(2025-26) School Scheduled to Attend \_\_\_\_\_

**School Requesting for 2025-26** \_\_\_\_\_

Reason for Transfer/Selection \_\_\_\_\_

A sibling currently attends school requested: Yes \_\_\_\_\_ No \_\_\_\_\_ Current Grade of Sibling: \_\_\_\_\_

Parent/Guardian is an employee of the WSD \_\_\_\_\_ **Has IEP** Yes \_\_\_\_\_ No \_\_\_\_\_

Student plans on participating in High School Athletics (Only for HS students) Yes \_\_\_\_\_ No \_\_\_\_\_

**Return by June 30, 2025 to:**  
**The Office of PreK-12 Services**  
**Kurzman Administration Center, Crary Campus**  
**501 N. Cass Lake Road, Waterford, MI 48328 - (fax # 248-706-4888)**

**OFFICE USE ONLY**  
Date \_\_\_\_\_ **Approved**  **Denied**  **Initials** \_\_\_\_\_