



**Magnet School Application for Enrollment  
Grades 5K-6th- 2018/2019 School Year**

*Please Print. Use Ink.*

Name of Student \_\_\_\_\_

First

Middle

Last

Preferred Name (Not nickname- FIRST or MIDDLE name) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

First

Middle

Last

First

Middle

Last

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Physical Residence Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Name and Number/ P.O. Box #/ Apt. #

City

zip code

Student's RACE \_\_\_\_\_ Student's SEX \_\_\_\_\_ My child is now enrolled (2017/2018 school year) in Grade \_\_\_\_\_.

Name and address of school my child is presently attending \_\_\_\_\_

My child will be in the \_\_\_\_\_ grade for the 2018/2019 school year.

**IMPORTANT:** *I certify that the above information is true and that the applicant meets all admission requirements for Cleveland School District. Admission may be revoked if it is determined a student does not meet all minimum requirements at the time of fall registration.*

**You must make a first and second choice.** *Applications are shared at the time of draw, therefore the choice must be the same on all applications.*

My **first** choice for Magnet School enrollment is ( ) B.L. Bell Academy ( ) Hayes Cooper Center

My **second** choice for Magnet School enrollment is ( ) B.L. Bell Academy ( ) Hayes Cooper Center

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**This form must be returned to the Bell Academy or Hayes Cooper Center by January 19, 2018. The draw will be held on February 1, 2018.**

Bell Academy - FAX (662) 579-3019 or email [plove@cleveland.k12.ms.us](mailto:plove@cleveland.k12.ms.us)

Hayes Cooper Center- FAX (662) 579-3105 or email [njunkin@cleveland.k12.ms.us](mailto:njunkin@cleveland.k12.ms.us).

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For School Use Only

Date Received by Center \_\_\_\_\_ Initialed by \_\_\_\_\_