



## Magnet School Application for Enrollment - 2019/2020 School Year

Please Print. Use Ink.

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

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 (2018/2019 school year) in Grade \_\_\_\_\_.

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

Address of school my child is presently attending \_\_\_\_\_.

My child will be in the \_\_\_\_\_ grade for the 2019/2020 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.

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 Hayes Cooper Center's office (fax #662-579-3105) or Bell Academy's Office(fax #662-579-3109).**

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For School Use Only

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

Initialed by \_\_\_\_\_