

Cleveland School District
Pre-Kindergarten (4 Year Old Kindergarten)
Magnet School Application **2019/2020** 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 _____

Name and address of preschool program my child is presently attending (if any)

In order to make application for prekindergarten the child must be 4 years of age on or before September 1, 2019. ALL immunizations (Form 121) must be presented at enrollment.

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 Bell Academy or Hayes Cooper Center.

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

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

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For School Use Only

Date Received by school's office _____ Initialed by _____