Cleveland School District
Pre-Kindergarten Magnet School Application
2021/2022 School Year

Please print. Please use ink.

Name of Student _____
First Middle Last

Preferred Name (Not nickname- FIRST or MIDDLE name) _____

Date of Birth ____/____/____ **Student's RACE** _____ **Student's SEX** _____

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

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, 2021.
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 the Bell Academy or Hayes Cooper Center by January 22, 2021.The draw will be held on January 29, 2021.

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* _____

Cleveland School District
Magnet School Application for Enrollment
Grades 5K-6th- 2021/2022 School Year

Please Print. Use Ink.

Name of Student _____
First Middle Last

Preferred Name (Not nickname- FIRST or MIDDLE name) _____

Date of Birth ____/____/____ **Student's RACE** _____ **Student's SEX** _____

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

My child is now enrolled (2020/2021 school year) in Grade _____.

Name and address of school my child is presently attending

_____

My child will be in the _____ grade for the 2021/2022 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.***

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