



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 20, 2018. The draw will be held on January 31, 2018.

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 Center _____ Initialed by _____