

APPLICATION FOR ENROLLMENT 2019/2020 School Year
SIBLING: Brother/Sister Must Be Currently Enrolled
BELL ACADEMY - Cleveland Public Schools
Please Print. Use Ink.

Name of Applicant _____
First Middle Last

Date of Birth ____/____/____ Social Security No. ____ - ____ - ____

Parent(s) Name(s) _____
First Middle Last

First Middle Last

Name of Brother/Sister currently enrolled at Bell Academy _____

Home Phone # _____ Work Phone # _____ Cell # _____

Mailing Address _____
Street Name and Number City

Student's RACE _____ Student's Gender (SEX) _____

Applicant is **now** enrolled in Grade ____ at _____ (for the 2018/2019 school year)

Applicant will be in the _____ grade for the **2019/2020** school year.

(If your child is not yet enrolled in any kindergarten/grade school, please give the name of the daycare or pre-school center now attending, if any: _____

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

Signature of Parent/Guardian _____

Date _____ Date Received by Center _____
School Use Only

PREFERENTIAL STATUS FOR SIBLING ENROLLMENT

Brothers or sisters of currently enrolled Students who have been accepted for re-enrollment in 2019/2020 will be given precedence over other applicants in the filling of vacant slots at Bell Academy for the 2019/2020 term. However, these sibling applicants must meet regular admissions requirements and have submitted this application to Bell Academy's office by the deadline on Friday, November 9 at 8:00 A. m.