



Magnet School Application for Enrollment - 2017/2018 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 (2016/2017 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 2017/2018 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).

The computer lottery draw will be February 8, 2017 at central office.

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For School Use Only

Date Received by Center _____

Initialed by _____