



## Pre-Kindergarten 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 \_\_\_\_\_

Name of pre-school program my child is presently attending \_\_\_\_\_.

Address of pre-school program my child is presently attending \_\_\_\_\_.

My child will be 4 years old before September 1, 2017.     Yes     No

**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 \_\_\_\_\_