

OPTIONAL ENROLLMENT REQUEST FORM

ELEMENTARY (Kindergarten – 5th Grade)

School Year 2012-2013

Student ID. # _____ Date Recd: _____ Recd. By: _____
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- Please read all information before completing this form.
- The Student Registration Office will be responsible for all optional enrollment assignments.
- All assignments are subject to desegregation and capacity requirements. If demand exceeds supply, a lottery will be used to fill vacancies.
- Students who are not selected will have their names placed on a prioritized waiting list.

(PLEASE PRINT OR TYPE) Check here if this is a **NEW** address / if so
Parent MUST process Change of Address Form

Student's Legal Name: _____

Street Address: _____ City: _____ Zip: _____

Date of Birth: Month _____ Day _____ Year _____

Home/Cell Phone: _____ Work Phone: _____

Current School Assignment _____ Grade 2012-2013 _____

PARENTS MAY MAKE UP TO THREE (3) CHOICES FROM THE OPTIONS LISTED BELOW. RANK YOUR CHOICES IN NUMERICAL ORDER (1ST, 2ND, 3RD). YOU ARE NOT REQUIRED TO USE ALL OF YOUR CHOICES.

MAGNET SCHOOLS

- ___ Booker Arts Magnet
- ___ Carver Basic Skills/Math Science Magnet
- ___ Gibbs International Studies Magnet
- ___ Williams Basic Skills Magnet

SIBLINGS ENROLLED IN ELEMENTARY MAGNETS:

<u>Student Name</u>	<u>School</u>
_____	_____
_____	_____
_____	_____

INTERDISTRICT SCHOOLS

- ___ King High Intensity Learning Interdistrict Magnet School
- ___ Romine Computer Science & Basic Skills Interdistrict School
- ___ Washington Basic Skills / Math Science Interdistrict Magnet School
- ___ Crystal Hill Interdistrict School (PCSSD - Student must qualify for **M-to-M** Transfer)
- ___ Baker Economic Education Interdistrict School (PCSSD - Student must qualify for **M-to-M** Transfer)
- ___ Clinton Technology & Speech Interdistrict School (PCSSD - Student must qualify for **M-to-M** Transfer)
- ___ Chenal Elementary (PCSSD – Student must qualify for **M-to-M** Transfer)

NOTE: THIS FORM IS TO BE USED FOR STUDENTS WHO RESIDE IN LRSD ONLY. STUDENTS WHO LIVE IN PCSSD OR NLRSD MUST APPLY THROUGH THEIR HOME DISTRICT.

I understand that if I wish to withdraw this application for any reason, I may do so prior to assignment of my child. I agree that if my request is approved, my child MUST remain in the program for a minimum of one (1) school semester.

Parent Signature _____

Date _____

White Copy – Student Assignment Office
 Yellow Copy – Parent