

OPTIONAL ENROLLMENT REQUEST FORM

HIGH SCHOOL (Grades 9-12)

School Year 2012-2013

Student ID. # \_\_\_\_\_

Date Recd: \_\_\_\_\_

Recd. By: \_\_\_\_\_

Directions:

- 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 \_\_\_\_\_ Gender: \_\_Male \_\_Female

Home/Cell Phone: \_\_\_\_\_ Parent's Work Phone: \_\_\_\_\_

Current School Assignment \_\_\_\_\_ Grade 2012-2013 \_\_\_\_\_

**Parents may make up to three (3) choices from the options below. Please number your choices 1, 2, and 3.**

**Example: 1<sup>st</sup> Choice – Central, 2<sup>nd</sup> Choice – Parkview Arts Dance, 3<sup>rd</sup> Choice – Parkview Science**

- \_\_\_\_\_ ☆ Central High International Studies
- \_\_\_\_\_ ☆ J.A. Fair Environmental Sciences/ Systems Engineering & Information Sciences / Medical Studies
- \_\_\_\_\_ ☆ McClellan Business-Finance/ Multimedia-Graphic Design/ Engineering
- \_\_\_\_\_ ★ Parkview Arts Band - (must have at least 1 year Band experience – must pass audition)
- \_\_\_\_\_ ★ Parkview Arts Dance
- \_\_\_\_\_ ★ Parkview Arts Speech & Drama – (gender balanced)
- \_\_\_\_\_ ★ Parkview Arts Orchestra
- \_\_\_\_\_ ★ Parkview Arts Visual Arts
- \_\_\_\_\_ ★ Parkview Arts Vocal Music
- \_\_\_\_\_ ★ Parkview Science - (must have a C or better in Pre-Algebra or Algebra I)

☆ = Interdistrict Magnet Program

★ = Stipulation Magnet School

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