OPTIONAL ENROLLMENT REQUEST FORM

ELEMENTARY (Kindergarten – 5th Grade)

School Year 2010-2011

Student ID. # _____

Date Recd: _____

Recd. By: _____

- 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 2010-2011_____

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:

Student Name	School

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