

OPTIONAL ENROLLMENT REQUEST FORM

HIGH SCHOOL (Grades 9-12)

School Year 2010-2011

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 2010-2011 _____

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

Example: 1st Choice – Central, 2nd Choice – Parkview Arts Dance, 3rd Choice – Parkview Science

- _____ ☆ Central High International Studies
- _____ ☆ Hall High International Baccalaureate Program
- _____ ☆ 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 _____