

OPTIONAL ENROLLMENT REQUEST FORM

HIGH SCHOOL (Grades 9<sup>th</sup>-12<sup>th</sup>)

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

Date Rec'd: \_\_\_\_\_

Rec'd. By: \_\_\_\_\_

Directions:

- Please read all information before completing this form.
- The Student Registration Office will be responsible for all optional enrollment assignments.
- If the demand exceeds supply, a random scramble selection process will be used to fill vacancies.
- Students who are not selected will have their names placed on an unnumbered waiting list.

(PLEASE PRINT OR TYPE)  *Check this box if this is a NEW address. If so, you **MUST** process a Change of Address Form and submit two proofs of your new address.*

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 Level \_\_\_\_\_

**YOU MAY MAKE TWO (2) CHOICES FROM THE OPTIONS LISTED BELOW. RANK YOUR CHOICES IN NUMERICAL ORDER (1<sup>ST</sup> AND 2<sup>ND</sup>). YOU ARE NOT REQUIRED TO USE BOTH CHOICES.**

- \_\_\_\_\_ Central High Gifted and Talented (**Must be identified as Gifted and Talented**)\*
- \_\_\_\_\_ Central High International Studies
- \_\_\_\_\_ Parkview Arts Band (**Must have at least 1 year Band experience – must pass an audition to qualify**)
- \_\_\_\_\_ Parkview Arts Dance
- \_\_\_\_\_ Parkview Arts Orchestra (**Must have at least 1 year Orchestra experience-must pass an audition to qualify**)
- \_\_\_\_\_ Parkview Science (**Must have a "C" or better in 8<sup>th</sup> grade Math Course to qualify- 9<sup>th</sup> graders ONLY**)
- \_\_\_\_\_ Parkview Arts Speech & Drama – (gender balanced)
- \_\_\_\_\_ Parkview Arts Visual Arts
- \_\_\_\_\_ Parkview Arts Vocal Music

**SIBLINGS ENROLLED IN HIGH SCHOOL MAGNET/SPECIALITY ONLY:**

Student Name	School
_____	_____
_____	_____

**\* If the student is not currently enrolled in the Little Rock School District but lives within the district boundaries, the parent **MUST** provide Gifted and Talented documentation before submitting the application.**

**NOTE: IF THE STUDENT IS ASSIGNED TO PARKVIEW ARTS AND SCIENCE MAGNET AND DOES NOT MAINTAIN THE ACADEMIC STANDARD, THE PARKVIEW ADMINISTRATIVE TEAM HAS THE AUTONOMY TO SEND THE STUDENT BACK TO THEIR ATTENDANCE ZONE SCHOOL AT THE NINE WEEKS OR SEMESTER PERIOD.**

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

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_