

**Greenwich Public Schools
Magnet School Application
2019 - 2020 School Year**

Date received by Magnet Office _____:

Magnet Applications must be received or postmarked by February 8 2019 to be considered in the 2019-2020 lottery. Applications will continue to be accepted after the lottery date and will be considered after all applicants from the lottery have been placed. Parent must meet GPS residency requirements or be a Town of Greenwich employee on the date of the lottery, or application.

Student's name: _____
Last Name
First Name
MI

Address: _____ Apt. Phone: _____

City, State _____ Zip code: _____

Email: _____

Birth Date: mm/dd/yyyy Grade student will be in August 2019: _____

Current School: _____ GPS Districted School: _____

Magnet Request Priority

Please indicate your first choice of school by placing the number "1" in the blank next to your "First Choice" school. For elementary magnet schools: if you have a second or third choice, place the numbers "2" or "3" next to those choices. **Do Not Use Check Marks!** Use Numbers 1, 2, 3 or as needed. You are not required to make more than one choice.

<p>____ International School at Dundee (IB)</p> <p>____ Julian Curtiss School of World Languages</p> <p>____ Hamilton Avenue (STEM)</p> <p>____ New Lebanon School (IB)</p> <p>____ Western Middle School</p>	<p>List any siblings, residing with the applicant, already attending one of the selected schools.</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Name of Child</u></td> <td style="text-align: center;"><u>School</u></td> </tr> <tr> <td style="border-top: 1px solid black; height: 20px;"></td> <td style="border-top: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-top: 1px solid black; height: 20px;"></td> <td style="border-top: 1px solid black; height: 20px;"></td> </tr> </table>	<u>Name of Child</u>	<u>School</u>				
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Parent/Legal Guardian: I am applying for placement of my child at the magnet school(s) indicated above. I have reviewed the Magnet School Guidelines at www.greenwichschools.org prior to signing the application:

Name of Parent or Legal Guardian (please print)	Signature of Parent or Legal Guardian	Date
		mm/dd/yy

Return a SIGNED application to:
Deputy Superintendent, Magnet Program
 Greenwich Public Schools 290 Greenwich Avenue, Greenwich, CT 06830 - or -
magnet_program@greenwich.k12.ct.us