



# Cleveland School District Magnet School FOUR YEAR OLD/PRE-KINDERGARTEN Application

**Bell Academy; Hayes Cooper Center 2024/2025 School Year**

*Applicant must be four years old by September 1, 2024*

**Please Print. Use Ink**

Name of Student \_\_\_\_\_

First

Middle

Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number - \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

First

Middle

Last

First

Middle

Last

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

*Street Name and Number*

*City*

Student's Home Address \_\_\_\_\_

*Street Name and Number*

*City*

Student's RACE \_\_\_\_\_ Student's SEX \_\_\_\_\_

\_\_\_\_ Does your child receive special services? If so, please list all special services he/she receives. \_\_\_\_\_

\_\_\_\_\_ is the child's first language. All applicants must fill out the Home Language Survey.

Please give the name of the daycare or pre-school center now attending, if any:

**First Choice (Mark 1):** \_\_\_\_ **Bell Academy** \_\_\_\_ **Hayes Cooper Center**

Do you have another child who is applying for enrollment? \_\_\_\_ Yes \_\_\_\_ No. If Yes:

Name \_\_\_\_\_ is now in grade \_\_\_\_ at \_\_\_\_\_.

**IMPORTANT:** *Cleveland School District Four Year Old/Pre-Kindergarten Program is an optional program. It is not a required program. The District reserves the right to revoke the option of this program, at any point in the school year, if the applicant does not meet all the requirements for the Program or for any other reason that the district may deem detrimental to the program.*

*I certify that the above information is true and that the applicant meets all admissions requirements for Cleveland School District.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Date Received (school use only) \_\_\_\_\_