



**Cleveland School District**  
 Dr. Lisa Bramuchi, Superintendent of Schools  
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 Office of the Superintendent

## Cleveland School District Magnet School Application 2025-2026 Kindergarten – 6<sup>th</sup> Grade Application

*Thank you for your interest in the Cleveland School District Magnet Schools. If you are applying for Kindergarten, students must be 5 years of age on or before 9/1/25 to apply. For applicants applying for 1-6<sup>th</sup>, please provide a copy of a current report card and/or attendance record for the current school year. You will be asked to provide an updated copy at the time registration.*

Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Preferred Name \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_  
 \_\_\_\_\_  
*First, Middle, Last*  
 \_\_\_\_\_  
*First, Middle, Last*

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

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

Physical Address: \_\_\_\_\_

Student's RACE \_\_\_\_\_ Student's GENDER \_\_\_\_\_

\_\_\_\_\_ 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.

Applicant is now enrolled in Grade \_\_\_\_\_ at \_\_\_\_\_ (school) for the 2024/2025 school year. The applicant will be in the \_\_\_\_\_ grade for the 2025/2026 school year.

If you are applying for kindergarten, is your child currently enrolled in any pre-kindergarten/grade school? If not, please indicate the name of the daycare or preschool center and address now attending if any: \_\_\_\_\_

First Choice: (Mark only one.) \_\_\_\_\_ Bell Academy \_\_\_\_\_ Hayes Cooper Center

**IMPORTANT:** I certify that the above information is true and that the applicant meets all admission requirements for Bell Academy or Hayes Cooper Center. Admission may be revoked if it is determined a student does not meet all minimum requirements at the time of fall registration.

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

Date \_\_\_\_\_ Date Received by Center \_\_\_\_\_

**Cleveland School District  
HOME LANGUAGE SURVEY  
ELL (English Language Learner)  
Parent Information Form**

Because district personnel are often unaware that ELL students are in their schools, the MDE (Mississippi Department of Education) strongly recommends that home language information be obtained at the time the student first registers for school. This information should be obtained for all students, including Native American students who may need language development services.

<b>Student Name (Please Print):</b>		
<b>Student's School:</b>	<b>Grade:</b>	<b>Date:</b>
<b>Please answer the following questions:</b>		
1. What language do YOU MOST OFTEN use when speaking to your child?		
2. What language did YOU FIRST learn to speak?		
3. What language DOES YOUR CHILD MOST OFTEN use when speaking to brothers, sisters, and other children at home?		
4. What language DOES YOUR CHILD MOST OFTEN use when speaking to you and other adults in the home?		
5. What language DOES YOUR CHILD MOST OFTEN use when speaking to friends or neighbors OUTSIDE the home?		

Please return this form with the application.

**Parent or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**HOMEROOM TEACHER:**

If you have observed a problem with this student's command of the English language, please indicate by checking the appropriate response: \_\_\_\_ Yes \_\_\_\_ No