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

Applicant must be four years old by September 1, 2026

Bell Academy; Hayes Cooper Center 2026/2027 School Year

Please circle either Bell Academy or Hayes Cooper as your first choice.

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.*

Every student must participate in the Four Year Old/Pre-Kindergarten Pre Screening test.
Full acceptance into the program will not take place until after the pre-screening process
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) _____

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Cleveland School District Pre-Kindergarten

CSD Pre-Kindergarten will follow the policies and procedures set forth by the Cleveland School District Pre-Kindergarten Handbook. These policies and procedures may be found on the CSD website at https://www.cleveland.k12.ms.us.
This document serves to supplement those policies and procedures set forth by the Cleveland School District Board and provide more guidance on routine matters during preschool programming.

Goals, Equity Statement, and Requirements

Goals-

1. To provide high quality learning experiences in a safe, positive, and fun environment.
2. To ensure child readiness from Kindergarten through high school.
3. To nurture the child's development: socially, intellectually, physically, and emotionally.

Equity Statement-

No student enrolled in the Cleveland School District Pre-Kindergarten Program shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in the program on the basis of race, color, creed, sex, religion, ethnic background, national origin, sexual orientation, gender identity, or socio-economic background.

Requirements of each student in a Cleveland School District Pre-Kindergarten Program

The following requirements are listed in order to provide a safe and successful environment for all children in our Pre-K program:

- Every student in the program must be completely potty trained .
- Every student in the program must be able to feed themselves.
- Every student in the program must be able to take care of personal hygiene needs.
- Every student in the program must be able to express needs and preferences clearly.
- Every student must be able to express frustration and anger appropriately for their age ***(e.g.without harming self, others, or property).***
- Every student must be able to follow simple directions.
- Every student must participate in the Four Year Old/Pre-Kindergarten Pre Screening test. Full acceptance into the program will not take place until after the pre-screening process.
- Every student must live within the Cleveland School District boundaries.

Every child must have valid documentation of the following:

***Birth Certificate** ***Certificate of Immunization** ***Two Proofs of Residency**

Name of Student Applicant _____

Parent's Signature _____

Date _____

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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.

Student Name (Please Print):		
Student's School:	**Grade:**	**Date:**
Please answer the following questions:		
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 _____

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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