

ELEMENTARY
Magnet Program Application
Arts Access, Academic and Performing Arts (APAC) and International Baccalaureate (IB)

Deadline
December 12, 2018
by 12 noon
(for SY 2019-2020)

Please print neatly, using blue or black ink, or type the information. Return this application with required documentation to your child’s school counselor or the first-choice program school no later than Wednesday, December 12, 2018 by 12:00 noon. Out-of-district applications are due to the first-choice program school no later than Wednesday, December 12, 2018 by 12:00 noon. Out-of-district and late applications will be considered after all other applications have been processed.

Date of Application:_____JPSD Student ID Number:_____

Student’s Last Name:_____First Name:_____Middle Initial:_____

Date of Birth:_____Gender:_____Age:_____Race:_____

Parent / Guardian’s Name:_____

Street Address (no PO Box number):_____Apartment Number:_____

City:_____State and Zip Code:_____

Home Phone Number:_____Work Phone Number:_____

Cellular Phone Number:_____Email Address:_____

School / Daycare Student Currently Attends:_____Current Grade:_____

School Address (no PO Box number):_____

City:_____State and Zip Code:_____

Name of School / Daycare Contact:_____Phone Number:_____

Does the student attend a private school, or is the student home schooled? If so, please provide the name, address, and phone number of the student’s counselor or indicate that the student is home schooled.

Name of Private School:_____Home Schooled (Yes or No):_____

Mailing Address:_____

City:_____State and Zip Code:_____

Counselor’s Name:_____Phone Number:_____

Does the student attend a school out of the Jackson Public School District (JPSD)? If so, please provide the name, address, and phone number of the student’s counselor.

Name of Out-of-District School:_____

Mailing Address:_____

City:_____State and Zip Code:_____

Counselor’s Name:_____Phone Number:_____

Does the student need testing accommodations for a special need or disability? ____Yes ____No If yes, someone from the program school will contact you.

Does the student have at least one sibling currently attending one of the magnet schools to which you are applying for the 2019-2020 school year? If so, please provide the information below. *Note: Sibling status does not apply to students enrolled in the arts division of APAC.*

Sibling’s Last Name:_____First Name:_____Middle Initial:_____

Sibling’s Date of Birth:_____Sibling’s JPSD Student ID Number:_____

 **THIS IS A TWO-PAGE APPLICATION. PLEASE TURN PAGE OVER TO COMPLETE ENTIRE APPLICATION.**

THIS BOX IS FOR USE BY THE PROGRAM SCHOOL OR THE OFFICE OF ADVANCED LEARNING PROGRAMS

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Please indicate your first (1st), second (2nd), and third (3rd) choice preference for the elementary program school, and your first (1st) and second (2nd) choice preference for the arts program. In addition, please indicate with a check mark ☐ whether a sibling currently attends the program. A student may be considered for more than one program. Attending the school's orientation and / or audition is a requirement.

Choice (1 st , 2 nd , 3 rd)	Elementary Magnet Programs	Sibling Status	
	Casey Elementary School – Arts Access Program (Grades K-5) <i>An orientation session will be announced by the school.</i>	____Sibling Status	
	Obama Magnet Elementary – International Baccalaureate Program (Grades K-5) <i>An orientation session will be announced by the school.</i>	____Sibling Status	
	Power Academic and Performing Arts Complex (APAC) (Grades 4-5 Academics) <i>An orientation session will be announced by the school.</i>	____Sibling Status	
If your child is interested in the Power APAC arts program, you must indicate which arts below. <i>Note: Sibling status does not apply to students enrolled in the arts division of APAC.</i>			
Power Academic and Performing Arts Complex (APAC) (Grades 4-5 Arts) <i>An audition date and time will be announced by the school.</i>			
Choice (1 st , 2 nd , 3 rd)	Art Program	Choice (1 st , 2 nd , 3 rd)	Art Program
	Performance Theatre		Visual Arts
	Ballet		Piano
	Modern Dance		Instrumental
	Jazz		Vocal

Acknowledgement of Elementary Magnet Program Application Criteria for Consideration
Grades K – 5 (academics) and 4 – 5 (arts)

By completing and signing this application, I acknowledge my understanding of the following condition(s) for this application and hereby give permission to the current school my child attends to release any information needed to complete the processing of this application in accordance with public law, policy, and governing regulations.

- I understand and acknowledge that I am aware that orientation is required and this application is for program placement during the 2019-2020 school year.
- I understand that I am responsible for submitting this application by the **deadline of Wednesday, December 12, 2018 by 12 noon** to my child’s school counselor or to the first-choice program school (for in-district and out-of-district applications).
- I understand that out-of-district and late applications will be considered after all other applications have been processed.
- I understand that incomplete applications will not be accepted.
- I understand that program placement for students meeting program eligibility and criteria requirements will be based on the availability of space in the program for which the student is applying.
- I understand that if my child is accepted into a magnet program of study, he / she **must meet program participation requirements** to remain in the program, and I must sign an acknowledgement of those expectations provided by the school, if my child is accepted.
- I understand that all students applying for program placement are required to complete an assessment to be scored by the district-selected assessment contractor. Note: Students interested in the arts must audition.
- I understand it is the parent or guardian’s responsibility to update the first-choice program school and / or the Office of Advanced Learning Programs if there is a residential address, phone number, and / or email change after the application has been submitted.
- I understand that the applicable school may request and require additional information for program placement consideration.

Parent / Guardian’s Printed Name _____Signature _____Date _____

Please attach the following items to this form to complete this magnet program application. Incomplete applications will not be considered.

- _____ Copy of certified birth certificate (long form)
- _____ Copy of immunization compliance 121 form or medical exemption certificate form 122
- _____ Copy of social security card
- _____ Copies of two proofs of residency (out-of-district applicants will be considered after all in-district applicants)
- _____ Copy of student’s report card from previous school year and most recent report card for Term 1
- _____ Copy of most recent state assessment scores for reading / language arts, mathematics, and science, if applicable
- _____ Copy of most recent standardized test scores (out-of-district and out-of-state applicants only)
- _____ Copy of the GPPDS form (applies only to students ruled eligible to receive gifted education services)
- _____ Copy of Certificate of Enrollment from the Mississippi Department of Education (for home-schooled students only)
- _____ At least three (3) forms / letters of recommendation (required)

Note: Recommendations may come from the student’s principal, counselor, teacher, and / or a community member.