

Student must be registered for Magnet Application to be VALID

2020-2021 Magnet Schools Choice Application Utica City School District

OFFICE USE ONLY	
Home School _____	Bid # _____
Date Received _____	

Please complete a separate form for each child

Check SIBLING if your child already has siblings in your first choice school.

_____ SIBLING(S)

APPLICATION DUE FRIDAY, MAY 22, 2020

FALL 2020 GRADE LEVEL: (please circle)

K 1 2 3 4 5 6 7 8

Child's Last Name _____ First Name _____ MI _____

Address _____ Street _____ Apt. # _____ Zip _____

Birth Date _____ Male Female

Home Phone # _____ Work/Cell Phone# _____

Please check if your child receives the following services:

ESL SPECIAL EDUCATION

Home Language (s) (please circle) English Other

SPECIFY _____

Preferred Language _____

Please list other Pre-K-8 school-age children in your home:

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ My children may be separated if space is not available for all in one of my magnet school choices.

Return this form to the Pre-K & Student Programs Office at the address below by:

FRIDAY - May 22, 2020

**PRE-K & STUDENT PROGRAMS OFFICE
Utica City School District
106 Memorial Parkway Utica, NY 13501
Telephone (315) 792-2216**

MIDDLE SCHOOLS (Grades 7-8)

To choose a middle school outside of your neighborhood, check one.

- Donovan Communication/Environmental Studies _____
- Kennedy Community Pathways to the Future _____

ELEMENTARY SCHOOLS (Grades K-6)

Write "1" in the space next to your **FIRST** choice.
Write "2" in the space next to your **SECOND** choice.

- Albany Community & Careers _____
- Columbus Campus School _____
- Conkling Technology, Arts, Research-Based Studies _____
- Gen. Herkimer Science & Technology Discovery _____
- Hughes Integrative Learning Through Communication _____
- Jefferson Multicultural Studies _____
- Jones Technology & Environmental Studies _____
- King Science and Applied Technology _____
- Kernan Healthy Community _____
- Watson-Williams Performing Arts _____

Return to home school _____
Name of home school: _____

PLEASE READ AND SIGN:

I understand (as parent/guardian) that I need to notify the school and the Pre-K & Student Programs Office 5 days prior to any change in address or telephone number. I also understand that all Magnet transfers are expected to remain in the selected Magnet School for the entire year even if I move to a new neighborhood. I understand that if my child does not comply with the district Code of Conduct, my child may be sent back to our home school.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY Lottery # _____ Placement _____

Eligible (discipline) _____

Waitlist _____

DATE RECEIVED STAMP: _____