

**IMPORTANT INFORMATION:**

Applications are processed on a first-come, first-served basis, and shall include the diversity information in block three. Children are placed on the waitlist based on time-date stamp. **Sibling preference does not apply to the magnet process.**

**INSTRUCTIONS:**

1. Fill out the information completely in each block.
2. Sign the application. The application is not valid unless signed and dated by the parent/guardian of the child.
3. Please return to Student Assignment Office with copy of birth certificate and 2 proof of address.
4. Please include a self-addressed stamped envelope for the receipt to be returned by mail if application was submitted by mail.

Do you live in St. Lucie County?  Yes  No

BLOCK 1	Grade Requested	For Office Use Only
Check the box for each magnet school for which you wish to apply.		
Blue & Green Zones <input type="checkbox"/> Fairlawn Elementary School (K-5)	_____	_____
Red & Green Zones <input type="checkbox"/> Frances K. Sweet Elementary School (K-5) <small>(Green zone must choose one, FK Sweet or Fairlawn)</small>	_____	_____
County Wide <input type="checkbox"/> Lincoln Park Academy (6-12)	_____	_____

BLOCK 2		Student Profile	
Student ID Number:		Alphakey:	
STUDENT NAME: Last		Appendage _Jr_II_III	First Middle
Home Address:		City and Zip Code	
Mailing Address:		City and Zip Code	
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	***Race: Please mark one or more races to indicate what this person considers himself/herself to be. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White		***Ethnicity: Please mark one. <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Birth Date: month/day/year / /	Place of Birth: City, State, and Country		Primary Language Spoken at Home:
**Social Security Number: / /	(**Student social security numbers are collected in order to identify students within the District's computer system and will be used only for that purpose.)		Residential/Custodial Parent: <input type="checkbox"/> Both <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____
Home Phone:	Cell Phone:	Emergency Phone:	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	PARENT/GUARDIAN NAME: Last		First and Middle Names Birth Date: month/day/year / /
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	PARENT/GUARDIAN NAME: Last		First and Middle Names Birth Date: month/day/year / /

**Block 3 Diversity Information**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Has the student (or sibling in the same household) received free or reduced-price meals at school in St. Lucie County in the last year?
<input type="checkbox"/>	<input type="checkbox"/> Do you receive Food Stamps or TANF for the student (or sibling in the same household)?
<input type="checkbox"/>	<input type="checkbox"/> Is the student (or sibling in the same household) eligible for Medicaid?
<input type="checkbox"/>	<input type="checkbox"/> Does the student (or sibling in the same household) receive benefits from the Women, Infants, and Children (WIC) Program?

If the information changes and we are unable to notify you of an available opening, your child will be removed from the waitlist. Please inform the Student Assignment Office immediately if any information should change.

If your child is retained, advanced, or you find you have made an error on the entrance year on the application, please contact Student Assignment Office immediately. The early reporting of any grade changes may impact your child's chance of admission.

**I understand that when I am offered a magnet seat, I must sign a magnet contract of commitment in order to accept that seat.**

**I have read all the information above, and I agree to all of these requirements. All the facts I have provided are accurate. I understand that I must notify the Student Assignment Office of any changes. (772) 429-3930**

Parent Signature	Parent Name (Please Print)	Date

**Contract for Parents**

Magnet Schools expect students and parents to comply with the requirements of the school. Please read the following expectations carefully. When you are offered a seat at the school, you will be required to sign the contract to enroll your child.

1. I understand that my child is expected to attend school every day, to arrive promptly, and to remain throughout the scheduled hours.
2. I understand that my child is to cooperate and conduct himself/herself with teachers, staff, and classmates in a manner showing respect for all persons and must adhere to the school code of student conduct.
3. I understand that my child is to complete all required assignments including homework. I understand that the assignments must be on time to receive full credit and must be neat in order to be accepted by the teacher.
4. I understand that my child is to respect and care for all personal and school supplies and property.
5. I understand that my child will be promoted by meeting the required objectives for his or her grade level.

**\*If there is an address change or if your child is retained, advanced, or you find you have made an error on the entrance year on the application, contact the Student Assignment Office immediately at (772) 429-3930.**