

Magnet Schools

Operated by LEARN on behalf of the school districts of southeastern Connecticut

Student Application 2016 - 2017

www.learn.k12.ct.us

Please submit only one (1) application per student per school.

Applying To:

The Friendship School

Phone: 860.447.4049/ Fax: 860.447.4056
Application Deadline March 31, 2016

- Pre-K
 Kindergarten

Regional Multicultural Magnet School

Phone: 860.437.7775/ Fax: 860.437.1475
Application Deadline March 31, 2016

- Kindergarten Grade 2 Grade 4
 Grade 1 Grade 3 Grade 5

Dual Language & Arts Magnet Middle School

Phone: 860.443.0461/ Fax: 860.443.0468
Application Deadline March 31, 2016

- Grade 6 Grade 8
 Grade 7

Marine Science Magnet High School

Phone: 860.446.9380/ Fax: 860.446.9381
Application Deadline January 6, 2016

- Grade 9
 Grade 10

Three Rivers Middle College High School

Phone: 860.215.9055/Fax: 860.215.9913
Application Deadline April 8, 2016

- Grade 11
 Grade 12

Student Name: _____
Last Name First Name Middle Name

Gender: Female Male **Date of Birth:** ____/____/____

Street Address: _____ **Apartment #** _____
Legal Residence of Student

City: _____ **Zip Code:** _____

Daytime Phone # : (____) _____ **Alternate # :** (____) _____
Between 8:30 a.m. & 4:30 p.m. Between 8:30 a.m. & 4:30 p.m.

Mother's Name: _____
Last Name First Name

Father's Name: _____
Last Name First Name

Parent/Guardian Email Address: _____

Current School Attending: _____ **Grade:** _____ **Number of earned high school credits:** _____

Name of current school counselor: _____

Does the applicant have school-aged sibling(s)? Yes No

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

Parent or Guardian Signature: _____

Race/Ethnicity Reporting Requirements

Is the student Hispanic/Latino? Yes No

What is the student's race?(check all that apply):

- American Indian/Alaskan Native Native Hawaiian/
 Asian other Pacific Islander
 Black /African American White

Language Survey

What language did your child speak first? _____

What is the primary language spoken by you and others in your home? _____

What is the primary language spoken by your child in your home?

FOR OFFICE USE ONLY

Session Date: _____ Session Host: _____ Info Verified By: _____ Student ID: _____ Entered in PS By: _____