

School Address:
4450 S Mendenhall Road Ste 1
Memphis, TN 38141



Tel: (901) 367 7814
Fax: (901) 367 7816
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MEMPHIS SCHOOL OF EXCELLENCE

APPLICATION FORM FOR 2017-2018 ACADEMIC YEAR

FOR OFFICE USE ONLY Date : _____ Student #: _____

DEAR PARENTS AND APPLICANT:

*Thank you for your interest in Memphis School of Excellence. Please fill out this application form completely. Falsifications, misrepresentations, or omissions may disqualify your application. Information you supply will not be given to any other person/company for any purpose. Applications received unsigned, incomplete, or after the closing date may not be considered for acceptance. Please either **type** or **print** clearly using black ink.*

Student's legal name: _____

(Last)

(First)

(Middle)

Student's date of birth: (MM/DD/YY) _____ / _____ / _____ **SSN:** _____ - _____ - _____

Place of Birth (City, State, and County): _____ **Gender:** Male Female

Grade applied for: K 1 2 6 7 8 9 10 11 12

Do you also want to apply for this school year (2016-2017)? YES NO

Do you have any relatives in MSE? YES NO **If yes, name of the student(s)** _____

Who Has Legal Custody of Child? _____ **Free-Reduced Lunch?** YES NO, PAID.

Permanent address: _____

(Street & House/Apt. No.)

(City) (State) (Zip Code) Phone: (_____) _____

Race: (check all that apply)

- Native American / Alaskan Native
- Black
- White
- Asian (includes Middle East and Indian, etc.)
- Native Hawaiian/Pacific Islander

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Student Lives With (check 1 box):

- Both Parents
- Father Only
- Mother Only
- Foster Parents
- Legal Guardians
- Other _____

PARENT / GUARDIAN (Student Resides With)

Relationship to applicant : _____	Relationship to applicant : _____
Full name: _____	Full name: _____
E-mail : _____	E-mail: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Address (if different than above): _____	Address (if different than above): _____
_____	_____
Job Position / Title : _____	Job Position / Title : _____
Employer's Name: _____	Employer's Name: _____

Current School: _____

Assigned Public School District: Shelby County Schools Other **Current School:** Charter School Not

Current School Telephone: (____) _____ **Fax:** (____) _____ **Year/s Attended:** ____ to ____

Is applicant currently under expulsion/suspension from any school or school district? No Yes If yes, explain:

Has applicant ever skipped a grade? No Yes Which grade and why? _____

Has applicant ever repeated a grade? No Yes Which grade and why? _____

Does your child have a 504/IEP No Yes If yes, please explain and provide a recent copy of your child's IEP or 504 plan. _____

Please indicate any chronic health, emotional, or physical problem the student has, or other needs which we should be made aware of, which will help us plan and provide for the applicant's educational experience:

Please list applicant's honors, awards, or special achievements (in or out of school): MSE offers CLUE Program for gifted students.

Please list applicant's talents, interests, hobbies, club memberships, and activities:

How did you learn about MSE?

- | | |
|--|---|
| <input type="checkbox"/> Brochure, flyer, handout | <input type="checkbox"/> Advertisement (<i>where?</i>): _____ |
| <input type="checkbox"/> Internet (<i>site</i>): _____ | <input type="checkbox"/> Newspaper (<i>name?</i>): _____ |
| <input type="checkbox"/> Journal (<i>name?</i>): _____ | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other (<i>please specify</i>): _____ |

Briefly state why you wish to have your child/children enrolled at MSE:

SUBMIT THE COMPLETED APPLICATION FORM WITH COPIES OF THE FOLLOWING DOCUMENTS:

- 1. Proof of Residency (utility/phone bill or lease agreement)**
- 2. Birth Certificate**
- 3. Immunization Records**
- 4. Social Security Number (Optional)**
- 5. Most Recent Report Card and Transcript (Transcript is Required for all high school applicants)**

We/I, the undersigned, hereby certify that, to the best of our/my knowledge and belief, the answers to the foregoing questions and statements made by us/me in this application are complete and accurate. We/I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

Signature of Parent or Guardian

Date