

2012-2013 Application

Brevard County Public Schools
Millennium Elementary Schools of Choice

Robert Louis Stevenson Elementary School of the Arts

1450 Martin Blvd. Merritt Island, Florida 32952-5514
321-454-3550 FAX 321-454-3553 <http://stevenson.es.brevard.k12.fl.us>



For Office Use Only

Date Received _____

Time Received: ____:____

_____ Completed

_____ Pending

Lottery Number _____

Administration _____

Applications MUST be received by 4:00 pm on February 03, 2012

If any information on this application is false or not openly disclosed, it will be grounds of immediate withdrawal of the student from the school or the application if in process.

Kindergarten applications need to include copy of birth certificate

Student Information

Student Name _____ Date of Birth _____

Student Address _____ Grade in Aug 2012(not current year) _____

City _____ Zip Code _____ Gender _____ Race _____ Email Address _____

Parent/Guardian _____ Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian _____ Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian Signature _____ Date _____

School Information

Your Neighborhood School (Must be correct) _____ School Currently Attending _____

- In order for this application to be complete you must have attached a document that will show proof of residency in Brevard County, Florida.

Have you applied, or do you plan to apply to any of the following Millennium schools of choice?

_____ West Melbourne Elementary School of Science

_____ Freedom 7 Elementary School of International Studies

Yes or No Is there another sibling currently attending our school at this time? Sibling Name _____ Gr _____

Yes or No Is there another sibling applying for admission to our school at this time? Sibling Name _____ Gr _____

Yes or No Has your child been previously retained? Which grade? _____

Yes or No Is your child staffed in an Exceptional Education Program? (Please attach a copy of the most current IEP or EP

If yes, which one?

___ Gifted Student Program ___ Specific Learning Disability ___ Speech/Language Program

___ Occupational Therapy ___ Physical Therapy ___ Emotionally Handicapped

___ Other (describe) _____

This application is not complete and cannot be processed without a copy of your child's IEP or EP attached to this application.

Yes or No Is your child currently taking medication or are there any health concerns? If yes, explain _____

Yes or No Do you understand that if your child is enrolled, both parents/guardians and students are required to sign a contract about maintaining an acceptable code of conduct, academic performance, acceptable attendance and a commitment to volunteer 20 hours per family per school year (10 hours minimum per semester).

Yes or No Do I understand that this application is not complete and cannot be processed without a copy of the child's latest Progress Report attached to the application; exclude those children going into kindergarten for the first time. All progress reports should include grade level performance in all subject areas.

**Information meetings and tours will be available on the following days:
January 23 – 5:00pm, January 30 – 5:00pm & February 3 – 10:00am**