



DISTRICT USE ONLY		

# JONESBORO PUBLIC SCHOOLS

## 2025-2026 Elementary Magnet School Application

This application must be filled out completely and correctly by a parent with custodial authority or by a legal guardian. Incomplete applications or inaccurate information may result in this application not being processed.

Please use legal names. Please do not use nicknames.

Applications will be accepted on a first come; first serve basis. Placement is based upon availability.

**Student Name** | | | | | | | | | | | | | | | | | | | | | |  
Last Name First Name Middle Name

**Date of Birth** | | | | | | | | **Age** | | | **Gender** ☐ Female ☐ Male

**Race** ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Asian  
☐ White ☐ Hispanic ☐ Native Hawaiian or Pacific Islander ☐ Two or More Races

**Parent or Guardian Name** | | | | | | | | | | | | | | | | | | | | | |

**Home Address** | | | | | | | | | | | | | | | | | | | | | |  
Street  
| | | | | | | | | | | | | | | | | | | | | |  
City State Zip

**Mailing Address** | | | | | | | | | | | | | | | | | | | | | |  
(if different) Street  
| | | | | | | | | | | | | | | | | | | | | |  
City State Zip

**Telephone Numbers** ( | | | | ) | | | | - | | | | | ( | | | | ) | | | | - | | | | |  
Home Cell

**E-mail** | | | | | | | | | | | | | | | | | | | | | |

**Current/Last School Attended** | | | | | | | | | | | | | | | | | | | | | |

**Please continue to next page**

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**\*\*Does this student currently receive any of the following services?\*\*** Yes\_\_\_\_\_ No\_\_\_\_\_

**Please check those that apply:** Speech \_\_\_\_\_ Self -Contained Classroom \_\_\_\_\_  
Resource \_\_\_\_\_ Mental Health Services \_\_\_\_\_  
Physical Therapy \_\_\_\_\_ Occupational Therapy \_\_\_\_\_

\*\*\* This info is NOT for placement purposes. It is used to assure children receive appropriate services upon placement.

## *Grade level information (i.e.: K, 1<sup>st</sup>, 2<sup>nd</sup>, etc.)*

<u>Grade Level</u>		<u>Grade Level</u>	
2024-2025		2025-2026	
School Year		School Year	

**Please select your desired Magnet School preference: write the number 1 in the box by your first choice, 2 by your second choice and 3 by your third choice, etc.**

**\*\*Placement is based on availability\*\***

	<b>Health, Wellness &amp; Environmental Studies</b>	<b>1001 Rosemond Ave.</b>
	<b>International Studies</b>	<b>1218 Cobb St.</b>
	<b>Leadership</b>	<b>1110 W. Washington Ave.</b>
	<b>Math &amp; Science</b>	<b>213 E. Thomas Green Rd.</b>
	<b>Visual and Performing Arts</b>	<b>1804 Hillcrest Dr.</b>

Does this student have a brother or sister *currently attending* a JPS magnet school? Yes\_\_\_ No\_\_\_

If “Yes”, please provide sibling name \_\_\_\_\_

Current JPS Magnet School \_\_\_\_\_ Current grade\_\_\_\_\_

***NOTICE: This form only registers ONE student. If registering multiple children, you must submit a separate application for EACH student.***

***I am the parent or legal guardian of this child. I am applying for placement of my child at the magnet school indicated above. I understand that the information provided by me on this application will be checked for accuracy and that false information will disqualify the applicant.***

**Parent or  
Legal Guardian**

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**Notification letter of placement will be mailed in May to the address on file with JPS.  
Please verify the information on file is correct.**