



# Magellan Magnet School Intent to Enroll Form



**Please print:**

Date: \_\_\_\_\_

Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Current School \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Signature(s) \_\_\_\_\_

Current math placement and teacher (grade level) \_\_\_\_\_ Current math teacher \_\_\_\_\_

Is the student currently receiving any special services, e.g. IEP, 504 plan? \_\_\_\_\_

If yes, what services are currently provided? \_\_\_\_\_

Has your child been whole grade accelerated? Yes \_\_\_\_\_ /When(Grade) \_\_\_\_\_ No \_\_\_\_\_

Does your child receive any other academic or social/emotional accommodations in the classroom? If so, please explain:  
\_\_\_\_\_

My child's name, address, and phone number can be published in the Odyssey/Magellan Directory.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Music Choice (circle one):** **Orchestra:** *Instrument Choice* \_\_\_\_\_ **Band:** *Instrument Choice* \_\_\_\_\_ **Choir**

**Please return by the last Friday in February** to: [guilbeaultcass@asds.k12.wi.us](mailto:guilbeaultcass@asds.k12.wi.us) OR

Mail to: Cassie Guilbeault  
1545 E. Broadway  
Appleton, WI 54915

The Appleton Area School District does not discriminate against students based on sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, gender identity, gender expression or physical, cognitive, emotional or learning disability in its education programs or activities.

For Office Use Only

Qualifications:

In/Out of District: