



Department of Student Registration

Kindergarten School Selection Form for Families who Reside in the "Lemoyne" Neighborhood

Lemoyne Elementary School is currently being phased out and replaced by the Montessori at Lemoyne School. It is important to note that since students enter Montessori at Pre-K age 3, we cannot automatically assign students who live in the "Lemoyne" neighborhood to Montessori as there is no space available at kindergarten for new students. Therefore, you are required to complete the form below and return it in the pre-stamped envelope by **March 12, 2021**.

Cut Here and Return In the Pre-Stamped Envelope

Please select a school by ranking them as your 1st, 2nd or 3rd choice. *It is important to note that submission of this form does not guarantee placement at your 1st or 2nd choice. If there are more families who select a specific school than there are seats available, the District will have to conduct a student lottery using our Smartchoice Online Lottery System. You will be notified of the results of the lottery, if applicable.*

Please Print

«Student_ID»

1. School Assignment Requests for Families who reside in the "Lemoyne" Neighborhood

Rank 1 st , 2 nd , 3 rd Choice	Name of School	Name of Siblings Who Currently Attend	Notes: District Staff Only
_____	Dr. Weeks Elementary School		
_____	Huntington School		
_____	Salem Hyde School		

2. Request to Join a Sibling at a Different School

*The students **MUST** reside in the same household and be enrolled in the school of choice in September.

I would like to request that my child join his/her sibling* at the following school, which is not listed as a choice above _____.

First Name of Student Who Attends This School _____

Last Name of Student Who Attends This School _____ (_____)

3. Signature (This form will not be accepted without the signature of the parent/guardian who is listed in our system or a staff member who assists the family upon approval from the parent/guardian.)

Student Name (Please Print) _____

Parent/Guardian Name _____

Signature _____ Contact Phone () _____

Date _____ or Completed by CRC or CBO Staff _____