

MADISON LOCAL SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION
2019 - 2020

Student Name: _____ Date: _____
please print clearly

Home Phone: _____ Cell Phone: _____

Residency School District: _____ Date of Birth: _____

Name of current school attending: _____ Grade **2018-2019** school year: _____

Parent/Guardian Name: _____
(First and Last name of both parents/guardian, if applicable)

Address: _____ P.O. Box _____
(house number/street name) (if applicable)

City: _____ Zip Code: _____

Address of student (if different from above address): _____

List other siblings and their age living at home _____

If student *is not* living with both parents, who has **residential custody**? _____

If you have moved in the last 12 months, please indicate month and day _____

Does this student receive special education services under an individualized educational plan (IEP)?

____ Yes ____ No

Has this student been attending Madison Local Schools under open enrollment?

____ Yes ____ No _____ School Building

Has this student been *suspended (10 days or more), expelled or permanently excluded* from school during the past school year?

____ Yes ____ No

-Over-

Listed below is additional information needed **if not on file** from a previous application.

1. Proof of Residency (form provided by MLSD)
2. MLSD Registration Form
3. Verification from student's home school district that they are registered there.
4. Custody papers if student is not living with both biological parents (unless never married).
5. Birth Certificate
6. Photo ID of custodial parent

Preferred elementary school (if applicable): **South Elementary** **North Elementary**

How many days was this student absent from school during the last school year? _____

In the space provided below, please give a statement of the reason you wish your child to attend Madison Local School District.

To maintain continuity of programs, interdistrict open enrollment students must remain in their new school for the entire school year. Applications for interdistrict open enrollment are approved for only **ONE YEAR AT A TIME**.

Parent/Guardian Signature: _____ Date: _____

-FOR OFFICE USE ONLY-
Interdistrict Open Enrollment Application

Approved: _____ Denied: _____

Superintendent Signature

Date: _____