

MADISON LOCAL SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION
2020 - 2021

Student Name: _____ Date: _____
please print clearly

Home Phone: _____ Cell Phone: _____

Residency School District: _____ Date of Birth: _____

Name of current school attending: _____ Grade **2019-2020** 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-

