*MADISON LOCAL SCHOOL DISTRICT*

# ***INTRADISTRICT OPEN ENROLLMENT APPLICATION***

## ***2020-2021***

Student Name:_____ Date:_____

Date of Birth:_____

***District Assigned*** School: North Elementary South Elementary
(circle one)

**Requested School**: _____

Grade level of student 2019-2020 School Year: _____

Parent/Guardian Name:_____

Mailing Address:_____ Phone:_____

City:_____ Zip Code:_____

**In the space provided below, please give a statement of the reason you wish to enroll your child in an alternative school in the Madison Local School District.**

_____

_____

Parent/Guardian Signature:_____ Date:_____

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**-FOR OFFICE USE ONLY-**

Approved: _____ Denied: _____

_____ Date: _____
Assistant Superintendent Signature