

This form must be returned in person to the Superintendent's office at 1324 Middletown Eaton Road during the hours of 8:00 a.m. and 3:30p.m. No applications will be accepted in the mail.

**Madison Local School District**  
**ANNUAL INTER-DISTRICT OPEN ENROLLMENT APPLICATION**

Application Date \_\_\_\_\_  
Current Grade Level \_\_\_\_\_ Grade Level for next school year \_\_\_\_\_  
Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\*\*Race \_\_\_\_\_ Siblings open enrolled? \_\_\_ Yes \_\_\_ No / If Yes, Name \_\_\_\_\_  
Parent(s)/Legal Guardian(s) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_  
School District of Residence \_\_\_\_\_  
What building does your child currently attend? \_\_\_\_\_

\*\*Does your child receive any special education services? (Please check only if your child is currently receiving the following services.)

- |                                  |                                |                                  |
|----------------------------------|--------------------------------|----------------------------------|
| Title I Reading                  | 04 Visual Impairment           | 10 Specific Learning Disability  |
| 504 Plan                         | 05 Speech/Language Impairment  | 12 Autism                        |
| 01 Multiple Disabilities         | 06 Orthopedic Impairment       | 13 Traumatic Brain Injury        |
| 02 Deaf-Blindness                | 08 Emotional Disturbance (SBH) | 14 Other Health Impaired (Major) |
| 03 Deafness (Hearing Impairment) | 09 Cognitive Disabilities      | 15 Other Health Impaired (Minor) |

If grade level requested is 9-12, list the high school courses requested (open enrollment transfer acceptance does NOT guarantee that every course requested will be available): **(Students who are currently enrolled do not need to fill out this section)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Has the student been suspended or expelled from school for ten or more consecutive school days the previous academic term?  
\_\_\_\_yes \_\_\_\_no

Parent(s)/Guardian(s) must indicate their approval of the transfer upon notification of acceptance. **Missing information and/or misinformation on this application will void consideration.**

**\*\*Required data as per O.R.C.3313.97 and 3313.98**

**I have read and reviewed the Madison Local School District Interdistrict Open Enrollment Guidelines, and accept them as printed.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

<p><b>Approved</b>      <b>Rejected - Reason(s) for Rejection:</b> _____</p> <p><b>Signature of School Official:</b> _____</p> <p>No student shall be denied admission to the Madison Local School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, handicap, or any other basis of unlawful discrimination. Update 3.7.18</p>	<p><b>DATE STAMP RECEIVED</b></p>
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