

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 _____ School Year Applying For _____
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>Approved Rejected - Reason(s) for Rejection: _____</p> <p>Signature of School Official: _____</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>DATE STAMP RECEIVED</p>
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