MADISON LOCAL SCHOOL DISTRICT

INTRADISTRICT OPEN ENROLLMENT APPLICATION

2023-2024

Student Name:_____ Date:_____

Date of Birth:_____

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

Requested School: _____

Grade level of student 2022-2023 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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