MADISON LOCAL SCHOOL DISTRICT

INTERDISTRICT OPEN ENROLLMENT APPLICATION

2025-2026

Student Name:_____ Date: _____
please print clearly

Home Phone:_____ Cell Phone: _____

Residency School District: _____ Date of Birth: _____

Name of current school attending: _____ Grade **2025-26** 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-

Listed below is additional information needed **if not on file** from a previous application.

1. Proof of Residency (form provided by MLSD)
2. MLSD Registration Form
3. Verification from student's home school district that they are registered there.
4. Custody papers if student is not living with both biological parents (unless never married).
5. Birth Certificate
6. Photo ID of custodial parent

Preferred elementary school (if applicable): **South Elementary** **North Elementary**

How many days was this student absent from school during the last school year? _____

In the space provided below, please give a statement of the reason you wish your child to attend Madison Local School District.

_____

_____

To maintain continuity of programs, interdistrict open enrollment students must remain in their new school for the entire school year. Applications for interdistrict open enrollment are approved for only **ONE YEAR AT A TIME**.

Parent/Guardian Signature:_____ Date:_____

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