

MADISON LOCAL SCHOOL DISTRICT
INTRADISTRICT OPEN ENROLLMENT APPLICATION

2025-2026

Student Name: _____

Date: _____

Date of Birth: _____

District Assigned School:

North Elementary

South Elementary

(circle one)

Requested School: _____

Grade level of student 2024-2025 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: _____

-FOR OFFICE USE ONLY-

Approved: _____

Denied: _____

Assistant Superintendent Signature

Date: _____