



Madison Local School District

2026-2027 Interdistrict Open Enrollment Application

General Guidelines:

This form is an application for an open enrollment transfer. Interdistrict Open Enrollment is for students who wish to attend a school district other than the one where they reside. Not every student who applies will receive an open enrollment transfer. Students are required to attend their home district school until their open enrollment application has been approved. One form has to be completed for each student. **Applications are open May 1st through May 31st.** Completed applications need to be returned to the Board of Education attention to the superintendent's office. **OPEN ENROLLMENT IS BASED ON SPACE AVAILABILITY AND THERE ARE NO GUARANTEES OF ACCEPTANCE REGARDLESS OF PAST APPROVALS** (current open enrolled students will be accepted for the 2026-27 school year as long as applications are received by the due date of 5/31/26).

Date: _____

Student Name: _____
please print clearly

Date of Birth: _____ Grade 2026-27 school year: _____

Residency
School District: _____

Current School
Attending: _____

Parent/Guardian
Name: _____
First and Last name of both parents/guardians, if applicable

Address: _____

City: _____ Zip Code: _____

Email: _____

If student is NOT living with both parents, who has residential custody? _____

If you have moved in the last 12 months, please indicate the month and day: _____

List siblings' names and their grade levels for the 2026-27 school year: _____

Does this student receive special educational services under an individualized educational plan (IEP)?	YES	NO
Has this student been attending Madison Local Schools under open enrollment?	YES	NO
Has this student been suspended (10 days or more) or expelled during the past school year?	YES	NO

By signing this form, you acknowledge and agree to the following:

Applications submitted after May 31, 2026 may not be considered.

This application is only for the 2026-27 school year. Applications must be submitted every school year and are only approved on a yearly basis.

Approval of this application is dependent upon building/class capacity, and the racial balance of both the sending and receiving schools in accordance with the Ohio Revised Code 3313.98.

For first time open enrollment applications, current proof of residency is required with this application. **Applications without this proof will be denied.**

Proof of residency **MUST** be one of the following: full utility bill showing service address (electric, gas, water/sewer), home mortgage coupon, current signed full lease agreement, tax bill, insurance policy on dwelling, paycheck stub with address OR purchase/construction contract.

_____	_____
Parent/Guardian Signature	Date

Decisions on open enrollment will be sent to the email address provided on the front of this form after the 6/30 decision.

FOR OFFICE USE ONLY

Date Received _____	Approved _____	Denied _____
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