



2017 - 2018 OPEN ENROLLMENT APPLICATION

Student's Legal Name _____ Date _____

Parent/Guardian _____ (Print) Parent/Guardian _____ (Signature)

Complete Address _____
(Street Address) (City) (Zip Code)

Phone (Home) _____ (Cell) _____ Grade Level _____

Date of Birth _____ Birth City _____ Sex: Male Female

Race: White Black Multiracial Hispanic/Latino Asian Am. Indian/Alaskan Native Native Hawaiian/Pacific Island

Name of School in District of Residence (where you live) _____

Building you wish to attend: Elementary (PreK-3) Intermediate (4-6) JH (7-8) HS (9-12) Tolles

Why have you chosen Madison-Plains Local School District? _____

Are other siblings currently attending MP or applying for open enrollment? Yes (list below) No

Name	Grade	Currently Attending	Applying for Open Enrollment
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Are there custody papers involved with this student? Yes No

If yes, who has legal custody? _____

****Note: Must use custodial parent address on this form.**

Currently an Open Enrollment Student: Yes No

Is the student currently receiving special education services? Yes No

IF YES, PLEASE ATTACH CURRENT WEP, ETR AND IEP, 504 OR MATH OR READING RECOVERY INTERVENTION PLAN.

Has applicant been suspended or expelled from school during the current or any preceding year for 10 consecutive days or more? Yes No

If Yes, Please Describe the Circumstances: _____

Have you passed all five section of the Ohio Graduation Test (OGT)? (For students in grades 11-12) Yes No

If no, please check sections to be retaken: Reading Writing Math Science Social Studies

Mail Form to: Madison-Plains Local Schools, 55 Linson Road, London, Ohio 43140

(For Office Use Only) Received Date _____ Effective Date _____

Accepted Rejected due to: ___Inadequate Capacity; ___Disciplinary reasons; ___IEP services not available

Principal's Signature _____ Date: _____

Accepted Rejected due to: ___Inadequate Capacity; ___Disciplinary reasons; ___IEP services not available

Superintendent's Signature _____ Date: _____