

Please check one _____ CURRENT MAYSVILLE STUDENT _____ NEW STUDENT

MAYSVILLE LOCAL SCHOOL DISTRICT
Open Enrollment Application
Return to School Office beginning March 1, 2019

Please return completed application to your child's school office. Applications will be handled on a first-come, first-serve basis. ***Current students will be given preference over new applicants, but are still required to submit an application.*** Requests will be acted upon in writing to be sent on or before August 1st, 2019 (***Exception- Kindergarten students.***) Applications placed on a waiting list, due to class size/course availability, will be acted upon on or before the first complete week of school. ***Applications will not be accepted after August 1, 2019.***

****Application must be completed in its entirety in order to be considered for approval.**

Date: _____ Student SS#: _____

Name: _____ Birth Date: _____ Child's Birth City _____

Race - Check which applies: Hispanic or Latino _____ American Indian or Alaskan Native _____

One or more of the following: Asian _____ Black or African American _____

Native Hawaiian or Other Pacific Islander _____ White _____

Parent/Guardian's Name: _____ Mother's Maiden Name _____

Address: _____ Phone: _____

Mailing address of parent/guardian if different than above: _____

Present school district of residence: _____

School building presently attending: _____

Grade level of the student for the **2019-20** school year: _____

Does your student have an IEP or are they enrolled in any Special Education or Tutorial Programs? _____

If yes, please explain: _____

Was the student suspended from school during the last school year? _____

Have you applied for OE for any other students in your household? If so, name/grade: _____

I hereby certify that the information provided above is accurate. I further understand that falsification of information may lead to a denial of acceptance, or a termination of enrollment at any time.

Parent/Guardian Signature

Date

(For office use only)

Received by: _____ Date: _____ Time: _____

Approved: _____ Not Approved _____ Date: _____

Comments: _____

Signature of school official: _____

No student shall be denied admission to the Maysville Local School District or to a particular course or instructional program or otherwise be discriminated against for reasons of race, color, national origin, sex, handicap, or any basis of lawful discrimination.

2019-2020 SCHOOL YEAR