

Student name is to be listed exactly as it is on the birth certificate.
No Nicknames

MATHEWS LOCAL SCHOOLS
Open Enrollment Application
2017-2018 School Year

Return Completed Form By
April 7, 2017

NAME _____ Male () Female ()
(Last) (First) (Middle) Social Security No. _____

MAILING ADDRESS _____ PHONE _____
(Number) (Street) Unlisted? Yes ___ No ___

(City) (State) (Zip)

BIRTHDATE ____/____/____ BIRTHPLACE _____
Mo. Day Year (City) (County) (State)

PARENT/GUARDIAN

Name _____ Address _____ Phone _____

Present school district of residence: _____

School building attended last year: _____ Grade level of student for upcoming school year: _____

Is student enrolled in any special education or tutorial programs? _____ If yes, explain: _____

Has the student ever been suspended or expelled from school? _____ If yes, explain: _____

How many days has the student been absent during the past five academic years? _____ If excessive (15), please explain: _____

NOTE: Transportation will be at the expense of the parent/guardian.
Any falsification of application information will be reason for immediate removal from attendance in the Mathews School District.

APPLICATION NOTIFICATION

Each potential open-enrollment student and parent will be interviewed by the building administrator with a recommendation to the superintendent. Notification will be made by letter as early as possible in June.

Interviewed by _____ Date _____

RESIDENT DISTRICT RESPONSIBILITY

Each student must be enrolled in their district of residence. This will reserve a position at your home school in the event the open enrollment is not approved. This will also give the administration a record of your child's home district.

For office use only: Received by _____ Date _____ Time _____

Approved _____ Rejected _____ Signature of Official _____

Reason(s) _____