MATHEWS LOCAL SCHOOL DISTRICT

***Reapplication** for Open Enrollment for the 2017-2018 School Year*

_____ **YES**, I would like to reapply for open enrollment for my child who attended the Mathews Local School District under open enrollment for the 2016-2017 school year.

If you answer "yes", please complete this application in full, sign, and return to the Superintendent's Office by April 7, 2017.

_____ **NO**, I do not wish to reapply for open enrollment for my child for the 2017-2018 school year.

If you answer "no", please complete name of student, sign, and return to the Superintendent's Office.

Name of student: _____Male_____ Female_____

Grade level of student for the 2017-2018 school year: _____

Custodial parent(s)/guardian(s):_____

Address: _____ _____ _____ _____

Street City State Zip

Home telephone: _____ Work telephone:_____

School District of Residence:_____

I understand that I must submit copies of the following information by 3:00 p.m. on April 7, 2017 with this application in order for it to be complete and acceptable. I also understand that I must reapply on an annual basis.

PLEASE PROVIDE THE FOLLOWING DOCUMENTS

1. Proof of Residency (Drivers License, Utility Bill, etc.)

I understand that the falsification of any of the above information will void the open enrollment application.

_____ _____/_____

Signature of Parent/Guardian **Received by** **Date**

Approved_____Denied_____ By_____

Please mail/fax or return in person, completed application and documents to Stephanie Marin, Superintendent's Secretary by Friday, April 7, 2017. Incomplete applications will not be accepted.

Address: Mathews Board of Education, Attention Stephanie Marin
4096 Cadwallader Sonk Rd.
Cortland, OH 44410
Phone: 330-637-7000 fax: 330-637-1930