

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

MATHEWS LOCAL SCHOOLS
Open Enrollment Application
2020-2021 School Year

Return Completed Form
Immediately

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.

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

Approved _____ Rejected _____ Signature of Official _____

Reason(s) _____

Mathews Local School District
IRN #050153
Open Enrollment District of Residence Notification Form

Verification of student registration in public school district of residence:
Open enrollment approval for the 2020-2021 school year

Open Enrollment Start Date: _____

Parent/Guardian:

To be considered for open enrollment in the Mathews Local School District, your child must be registered in their home school district (district in which you reside).

Please have your home district's building principal sign and date this verification of registration form.

Return this completed form, along with your registration packet.

Student Name: _____

Parent/Guardian: _____

Address: _____

School District of Residence: _____

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TO BE COMPLETED BY HOME SCHOOL DISTRICTS BUILDING PRINCIPAL

I verify that the above named student has been registered and lives in the _____
School District.

Date completed: _____

Building Principal: _____

Signature: _____

Telephone Number: _____

APPLICATION FOR OPEN ENROLLMENT WILL NOT BE APPROVED UNLESS THIS FORM IS COMPLETED AND SUBMITTED TO THE MATHEWS BOARD OF EDUCATION OFFICE NO LATER THAN 10 DAYS AFTER THE OPEN ENROLLMENT START DATE.

02/28/2020