

**MADISON LOCAL SCHOOL DISTRICT**  
**INTRADISTRICT OPEN ENROLLMENT APPLICATION**

**2022-2023**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**District Assigned** School:

North Elementary

South Elementary

(circle one)

**Requested School:** \_\_\_\_\_

Grade level of student 2021-2022 School Year: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**In the space provided below, please give a statement of the reason you wish to enroll your child in an alternative school in the Madison Local School District.**

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**-FOR OFFICE USE ONLY-**

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

\_\_\_\_\_  
Assistant Superintendent Signature

Date: \_\_\_\_\_