

**MAPLETON LOCAL SCHOOL DISTRICT
INTERDISTRICT OPEN ENROLLMENT APPLICATION
2024 – 2025 School Year**

**** ALL STUDENTS MUST ENROLL IN THEIR RESIDENT DISTRICTS TO PARTICIPATE IN THIS PROGRAM ****

This is a: New Request * Renewal/Continuation Today's Date: _____

School District of Residence _____ Date of Enrollment in District of Residence _____

Student Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY ZIP CODE

Birthdate ____/____/____ Gender _____ Race _____ Phone _____ Email _____

Birthplace (as it appears on the birth certificate) _____ Grade for 24/25 _____

Student's **Current** District and Building of Attendance _____

Does your child receive special education services? Yes No If yes, please give eligibility category and IEP due date: _____

Is your child in a gifted program? Yes No If yes, please describe: _____

Is your child currently under expulsion or suspension, or in the process of having an expulsion or suspension from another school district? Yes No

If yes, please explain (attach document if necessary): _____

HIGH SCHOOL and MIDDLE SCHOOL students should list desired classes or vocational programs: _____

Reasons for choosing Mapleton Local Schools: _____

Parent/Guardian _____ Relationship _____ Email _____

*** New Request Only - Please provide a copy of the student's birth certificate, immunization record, official transcript or grade card, and proof of residence (utility bill, rental or purchase agreement) with your application. A current IEP and ETR or parental custody papers must also be included, if applicable. This application will not be processed without the appropriate documents.** If your child attended Mapleton Local School last year, you do not need to provide these documents again **unless there have been changes.** Requests will be acted upon by July 15, 2024.

The required documents are: Attached Already on File

This application must be submitted between March 1 – June 15, 2024. Please return completed signed form to: Scott Smith, Superintendent, Mapleton Local Schools, 635 County Road 801, Ashland, OH 44805 or by email to: tpiper@imountie.org.

I have read the guidelines of the inter-district open enrollment plan and agree to abide by the procedures and policies that have been established.

Signature of Parent/Guardian Date

Note: **Students who owe Mapleton fees of any kind for prior school years, or owe money for fundraisers of any other amounts, MUST pay these amounts before an application for open enrollment will be accepted for the 2024-2025 school year.** Any of the above questions answered untruthfully may deem this application null and void and no further action will be taken to consider the student for open enrollment into Mapleton Local Schools.

<p>Step 1: Reviewed/Signed by Building Principal</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____</p> <p>_____ Signature of Building Principal Date</p>	
<p>Step 2: Reviewed/Signed by Special Education Program Director</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____</p> <p>_____ Signature of Special Education Program Director Date</p>	
<p>Step 3: Reviewed/Signed by Superintendent</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____</p> <p>_____ Signature of Superintendent Date</p> <p><input type="checkbox"/> Decision Letter to Parent/Guardian _____ <input type="checkbox"/> DASL _____ <input type="checkbox"/> District of Residence Notification _____</p>	