

MCDONALD LOCAL SCHOOL DISTRICT

OPEN-ENROLLMENT APPLICATION
2024-2025 SCHOOL YEAR

STUDENT INFORMATION

Student's Name _____
Last First Middle

Male _____ Female _____ Race _____

Address _____

City _____ Zip _____

Grade Level of Student for 2024 - 2025 _____

Previous School Attended (**Including Preschool for incoming Kindergarten students**)

Name _____

Address _____

Home School District _____ Is your child currently being home schooled? _____

FAMILY INFORMATION

Father's Name _____

Address _____

Occupation _____

Cell/Home Phone Number _____ Marital Status _____

Email Address _____

Mother's Name _____

Address _____

Occupation _____

Cell/Home Phone Number _____ Marital Status _____

Email Address _____

(OVER)

Person with whom student resides _____

****All correspondence regarding this student will be mailed to the custodial parent/guardian at the above address. Please specify.**

****Please note any of the following:**

a. Medical Problems _____

b. Activity Restrictions _____

c. Current Medications _____

d. **Special Needs** in Previous Schools (Has ETR/IEP, 504, Speech, Hearing, Gifted, Visual Impairments, etc.).

Has your child been suspended or expelled from his/her previous school?

Yes _____ No _____

If yes, please explain: _____

Do you currently have any other children enrolled in our school district through open enrollment?

Yes _____ No _____

Please include the following documents, along with this application:

- a. **Copy of Birth Certificate**
- b. **Proof of Residency (Utility bill with name and address)**
- c. **Immunization Records**
- d. **Social Security Card**
- e. **Custody Papers (if applicable)**
- f. **Transcript from current school (grades 8 thru 12)**
- g. **ETR/IEP paperwork for special education students, if applicable**
- h. ****Last report card of the current school year**

****IF APPLICATION IS BEING MADE FOR A KINDERGARTEN CHILD, THE CHILD MUST BE FIVE (5) BY AUGUST 1st IN ORDER TO BE ELIGIBLE TO ENROLL FOR THE 2024-2025 SCHOOL YEAR.**

Parent/Guardian _____
Date

FOR OFFICE USE ONLY:

Received by _____ Date ____/____/____ Time _____

Approved by _____ Rejected by _____