



OPEN ENROLLMENT Application Year: 2017-2018

School: _____

MADISON ELEMENTARY SCHOOL DISTRICT #38 OPEN ENROLLMENT VARIANCE APPLICATION FORM

Application for (please check one): <input type="checkbox"/> New enrollment in this school <input type="checkbox"/> Continuing enrollment in the same school	Check all that apply: <input type="checkbox"/> Child has a sibling currently attending this school Name of sibling: _____ Grade: _____ <input type="checkbox"/> You are an employee of the Madison School District Location: _____ Job Title: _____ <input type="checkbox"/> Child is in foster care or is an unaccompanied youth prescribed in the McKinney Vento Homeless Act <input type="checkbox"/> Child lives in the Madison School District (<i>proof of address required</i>) <input type="checkbox"/> Child lives in another school district
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Transportation is the responsibility of the parent

The Madison District does not transport students on an open enrollment

Please complete the information requested below and return this application to your school of choice

Only complete and accurate applications will be accepted

A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH STUDENT

Open enrollment may be denied due to school, grade level, or to special program enrollment limitations.

Acceptance is on a year-by-year basis and subject to re-application and review each year.

The parent / guardian signing this application affirms that the student seeking enrollment will abide by the rules and regulations that govern students at the school where the student seeks enrollment.

Failure to comply with school and district rules may lead to revocation of open enrollment status.

STUDENT'S FIRST AND LAST NAME: _____	DATE OF BIRTH: _____	PARENT'S FIRST AND LAST NAME: _____
MAILING OR STREET ADDRESS/APT#: _____	CITY: _____	ZIP CODE: _____
PARENT'S EMAIL ADDRESS #1: _____	PARENT'S EMAIL ADDRESS #2: _____	
HOME AREA CODE AND PHONE NUMBER: _____	PARENT'S WORK PHONE #1: _____	CELL OR WORK PHONE #2: _____

What is your child's current grade level? (attach copy of most recent report card) _____

What district should your child attend based on your residence? _____

What school should your child attend based on your residence? _____

What school does your child currently attend? _____

Please complete the following information. This will be helpful in planning a program for your child.

- My child HAS NOT participated in any special program.
- My child HAS participated in or WILL NEED to participate in the program(s) or receive the services listed below:
 - Gifted (Please check one): Previously identified Pending testing results
 - Section 504 student with a disability (needs a current Accommodation Plan)
(Please check one): Previously identified Pending testing results
 - Special Education (Attach IEP and psychoeducational evaluation report if non-resident)
Please specify below all special education services that apply:

<input type="checkbox"/> Previously identified	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Pending testing results	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Special Education Preschool	<input type="checkbox"/> Resource	<input type="checkbox"/> Special Class (self-contained)
<input type="checkbox"/> Specialized Transportation (per an IEP)	<input type="checkbox"/> Adaptive Physical Education	<input type="checkbox"/> Speech/Language Therapy



OPEN ENROLLMENT

- Yes No Is the student currently under suspension or expulsion or in the process of being suspended or expelled from another school?
 Yes No Has the student ever been suspended or expelled from a school?
 Yes No Is the student currently being supervised by a juvenile court?

Providing false information on this form may result in the application being denied or admission being revoked.

Please indicate the general reasons you are requesting a variance (check all that apply):

- General Academic Special Education Programs Proximity to Work
 Proximity to Home Proximity to Day Care Family Moved / Requesting Continued Enrollment
 District Employee

How did you learn about the Madison School District?

- Friend Media Webpage Department of Education Other: _____

Are you applying for variances for other children?

If so, please list their names, grades, and schools of choice here and complete a separate application form for each child:

PARENT SIGNATURE REQUIRED

NOTE: Transportation is the responsibility of the parent. The Madison District will not transport students on an open enrollment variance unless otherwise required by state or federal law.

Children must be five (5) years of age prior to September 1 of the current school year for admission to kindergarten.

All open enrollment applications must be submitted for review and approval annually. Students enroll with the understanding that continued open enrollment is based upon compliance with all school regulations regarding conduct, academic progress, and attendance. An open enrollment may be revoked at any time if a student fails to comply with all school regulations regarding conduct, academic progress, and attendance. Providing false information on this form may result in the application being denied or admission being revoked.

Parent's signature affirms the information above is accurate and complete

Date

FOR DISTRICT USE ONLY ♦ DO NOT WRITE BELOW THIS LINE

<input type="checkbox"/> Report Card Received	Student number: _____	Date stamp: _____
<input type="checkbox"/> Proof of Address Confirmed		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Placed on Waiting List
Principal's Signature: _____		Date: _____