MATHEWS LOCAL SCHOOL DISTRICT

***Reapplication** for Open Enrollment for the 2020-2021 School Year*

_____ **YES**, I would like to reapply for open enrollment for my child who attended the Mathews Local School District under open enrollment for the 2020-2021 school year.

If you answer "yes," please complete this application in full, sign, and return to the Superintendent's Office by April 3, 2020.

_____ **NO**, I do not wish to reapply for open enrollment for my child for the 2020-2021 school year.

If you answer "no," please complete name of student, sign, and return to the Superintendent's Office.

Name of student: _____Male_____ Female_____

Grade level of student for the 2020-2021 school year: _____

Custodial parent(s)/guardian(s):_____

Address: _____ _____ _____ _____

Street City State Zip

Home telephone: _____ Work telephone:_____

School District of Residence:_____

I understand that I must submit copies of the following information by 3:00 p.m. on April 3, 2020, with this application for it to be complete and acceptable. I also understand that I must reapply on an annual basis.

PLEASE PROVIDE THE FOLLOWING DOCUMENTS

Two Proofs of Residency (current lease, mortgage statement, utility bill, etc.)

I understand that the falsification of any of the above information will void the open enrollment application.

_____ _____/_____

Signature of Parent/Guardian **Received by** **Date**

Approved_____Denied_____ By_____

Please return completed application and documents by Friday April 3, 2020
Incomplete applications will not be accepted.
Return by email/fax/mail

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