

**Joseph Badger School District
Open Enrollment Application**

Student Name: _____

____ New Student ____ Returning Student

Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

Current Address on record: _____

Address (if different): _____
Street *City* *Zip*

Telephone: Home _____ Work _____ Cell _____

Is the student address the same as parent? Yes _____ No _____

 If not, give student address _____

Parent/Guardian's School District of Residence *circle one*:
 Py Valley Brookfield Mathews Maplewood Grand Valley

Parent's school district and building student currently attends:
 (District) _____ (Building) _____

Is student enrolled in any special education or Tutorial programs? Yes _____ No _____

If yes, in what special education/tutorial program is the student enrolled?

Was the student expelled from school during the current school year? Yes _____ No _____

Please state reason(s) for seeking enrollment in the Joseph Badger School District
(if new applicant)

I certify by my signature that the above information is true and accurate to the best of my knowledge.

Signature of Parent/Guardian

Date

Application and District Registration Form must be postmarked by May 31st