

Intra-District Open Enrollment Application For 2025-2026 School Year

| Student's Name Home School Attendance Area | | Grade for 2025-2026 School Year | |
|--|--|---|-----------------------|
| | | School Attended in 2024-2025 |)24-2025 |
| School Requested | | | |
| Parent/Guardian | | | |
| Address | | | |
| City | Zip Code | Email Address | |
| Home Telephone Number | | Cell Phone Number | |
| Please Note: This Intra-District Open Enro | | for the 2025-2026 school year. Completion ation secures consideration for a change. | of this form does |
| Complete and return this form no later t considered. | han 3:00 PM on August 1, 2 | 2025 . Applications received after this time v | will not be |
| | Mr. Jeffrey Legan, Assis Mayfield City Sc 1101 SOM Ce Mayfield Hts, 0 | chool District enter Road | |
| Decisions will be made no later than Augu | st 13th and parents will be no | otified in writing. | |
| For students who are approved for intra-dia | strict enrollment, parents mus | st provide transportation to and from school | . <mark>School</mark> |