



INTERDISTRICT APPLICATION FOR ADMISSION
2017-2018 School Year

The open enrollment period for 17-18 school year is **April 1, 2017 – May 14, 2017**. All forms must be completed and submitted within this timeframe in order to be considered. **No late applications will be considered. A separate form must be submitted for each student you are requesting to open enroll. **Please note, no pre-school open enrollment applications will be considered.**

All applicants will be notified of acceptance or denial of admission no later than August 1, 2017.

I hereby request that _____ be admitted as an inter-district transfer student in the _____ grade at _____ School for the 2017-2018 school year.

I understand & agree that if this application is approved I will abide by Policy JECBB, Admission of Inter-district Transfer Students.

Are you a current Mason City Schools employee: Yes No

School district of residence: _____

Name & address of school last attended: _____

Previous school district telephone number: _____

Name(s) of parent or guardian of student: _____

Address of parent or guardian of student: _____

Address of student: _____

Home Phone Number: _____ Cell Phone Number: _____

Parent Email Address(s): _____

Requesting Parent/Guardian Signature: _____ Date Signed: _____

(For Office Use Only)

Admission granted: Yes No Date Parent/Guardian Notified: _____

Notes: _____

HR Talent Management Officer Signature Date