MAYVILLE SCHOOL DISTRICT
Parkview Primary
Pre-Approval Form

Students Legal Name: _____

Student Date of Birth: _____ Present Grade: _____ Gender: _____

School Previous Attended: _____ School Phone: _____

Address of Previous School: _____

Father's Legal Name: _____

Mother's Legal Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Date : _____

Parent Signature: _____

Was student in good standing in previous school? Yes No

Will student require special services (such as Special Education)? Yes No
If yes, a Special Education Student Transfer Registration form needs to be completed.

For Office Use Only:

_____ School Called Date _____

_____ Proof of Residence (Utility Bill) Initials _____ Date _____

_____ Additional Services

_____ Birth Certificate

Enrollment approved by: _____ **Date approved** _____
(Principal or Designee)