MAYVILLE HIGH SCHOOL
PRE-APPROVAL FORM

Student's Legal Name: _____

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

School Previously Attended:_____School Phone:_____

Address of Previous School:_____

Father's Legal Name:_____

Mother's Legal Name:_____

Home Address:_____

Home Phone:_____ Work Phone:_____

Cell 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 Viewed_____ (Staff Initials)

Birth Name of Mother_____
First Full Middle Last Name

Birth Name of Father_____
First Full Middle Last Name

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