



Mahoning Unlimited Classroom

...an Ohio Community School

22+ Enrollment Application Form

The Mahoning Unlimited Classroom does not discriminate on the basis of sex, race, color, religion, national origin, physical, mental, emotional, or learning disability, age, sexual orientation or gender.

STUDENT INFORMATION

Name of Student: _____ Mother's (Maiden Name) _____
 Last First Middle
 Age: _____ Birth Date: _____ / _____ / _____ Place of Birth _____
 mm dd yyyy City
 _____ Male _____ Female Optional Social Security # _____ XXX - XX - _____

Student's Address: _____ City _____ State _____ Zip _____
 Phone: () _____ Email: _____
 Ethnicity: ___Asian___ Black, Non-Hispanic ___Hispanic___ Am. Indian or Alaskan native ___Multiracial___ White ___Other___

SCHOOL HISTORY:

Name of Last School Attended _____ Current Grade _____
 Name of School
 Address of School _____ City _____ State _____ Zip _____
 Phone: () _____ Fax: _____
 Date last attended _____
 Resident School District _____

- **Three Documents Required: (1) Student's Birth Certificate (2) Proof of Residency (i.e. A lease or rental contract, utility bill, or an official mailing) (3) Driver's License. Student will be required to Create a Safe Account.**

IEP and ETR

PRIOR IEP/ETR (Complete only if this student has been previously identified with the MFE (multi-factored evaluation) as having a disability and was provided with special education services based on an IEP (Individual Education Plan) by a previous school district.

Identified Disability _____ (as listed on the IEP)
 Date of most recent IEP _____ Date of most recent MFE _____

Please accept this signed and completed document to enroll in the Mahoning Unlimited Classroom. I understand that completion of this enrollment form does not guarantee admission into the program.

Student's Signature _____ Date _____

Mahoning Unlimited Classroom
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