

MAHONING COUNTY HIGH SCHOOL 22+ Graduate Plus Program

22+ Enrollment Application Form

STUDENT INFORMATON

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

Name of Student:						
	Last	Fi	rst	Middle		
Age:	Birth Date:	/	/	Place of Birth_		
	mr	n dd	уууу		City	
Male Female	Race	_ Mother	's Maiden L	ast Name	Last	4 Social Security #
Student's Address:			City		State	Zip
How long at residence	Phon	e:		Email		Zip
SCHOOL HISTORY:						
Name of Last School A				Curren	t Grade	
		Name of S	chool			
Address of School			City		State	Zip
Phone: ()				Fax:		
**ALL STUDENTS W ACCEPTABLE PROC				greement or oth		/STATE ID AND I at mailing address)
PRIOR IEP/ETR (Cor having a disability and previous school district Identified Disability_ Date of most recent II	d was provided with ct.	n special ed	ducation se		n IEP (Individual e IEP)	ii-factored evaluation)as Education Plan) by a
Please accept this si that completion of t	•					gh School. I understand
Student's Signature					Date	

Mahoning County High School

940 Bryn Mawr Avenue, Youngstown, Ohio 44505 Phone: (330) 965-2860 – Fax: (330) 965-2861