Arlington Local School District 336 S. Main Street Arlington, OH 45814

Application for Open Enrollment for School Year 2021-2022

Student First Name	Middle Name		Last Name	
email address	Date of Birth		Birth City	Gender (Male/Female)
Parent or Guardian (Full Name)				
Address (House number)	(Street or Road)			(P.O. Box if applicable)
City	State		Zip	County
Home Phone	Cell Phone		Wor	rk Phone
School District of Residence	School Building	Name		Grade Level in School-Fall 21-22
ls the student from Hispanic/Latino heritag	ge? Yes N	o (please	e circle one)	
Is the student from one or more races using	ng the following groups (circ	cle applicab	le race(s):	
Asian Black/African American Hispa	nic/Latino White Nati	ve Hawaiian	/Other Pacific Island	der American Indian/Alaskan Native
Are you currently under suspension or ex	oulsion for 10 consecutive o	days or more	e?	YesNo
Have you been suspended for 10 consecu	tive days or expelled in eith	er the curre	nt or proceeding se	mester? YesNo
Does your Educational Program include a		Plan (IEP)?		YesNo
If yes, Please include a co Does your Educational Program include a If yes, Please include a co				YesNo
Is the parent or legal guardians an active Guard?Active Duty Me		rces (Army lational Gua		Marine Corp or Coast Guard) or Nation
Student's Signature				Date
Parent's/Guardians Signature				Date
I, the parent/guardian understand that I m		rdistrict trai	nsfers (May 1 thru N	May 31); and if I do not re-apply my chi
will return to and attend his/her home dist	rict school.		Initial:	Date:
APPLICATIONS MUST BE RECEIVED N pores@arlingtonlocal.org. No application after May 31st of each year may be consider Request will be acted upon no later than J	s will be accepted by MAIL red by the administrative to	or IN THE	OFFICE for the 202 are openings availa	21-22 school year. Applications received ble.
Office Use Only:				

by _____

Date _____

__ Approved ____ Denied