Arlington Local School District

336 S. Main Street Arlington, OH 45814

Application for Open Enrollment for School Year 2022-2023

Student First Name	Middle Name		Last Name			
email address	Date of Birth	<u>/</u> and	Birth City		Gender (Male/Female)	
Parent or Guardian (Full Name)						
Address (House number)	(Street or Road)	(Street or Road)		(P.O. Box if applicable)		
City	State _		Zip	_ Count	у	
Home Phone	Cell Phone		Wo	rk Phone		
School District of Residence	School Building N	lame		Grade Level	in School-Fall 22-23	
Is the student from Hispanic/Latino herita	ge? Yes No	(please	circle one)			
Is the student from one or more races usi	ng the following groups (circl	e applicabl	e race(s):			
Asian Black/African American Hisp	anic/Latino White Native	e Hawaiian/	Other Pacific Islan	der Americ	can Indian/Alaskan Native	
Are you currently under suspension or ex	pulsion for 10 consecutive da	ys or more	?	Y	′esNo	
Have you been suspended for 10 consecu	tive days or expelled in either	the currer	nt or proceeding se	mester? Y	'esNo	
Does your Educational Program include a		an (IEP)?		Y	'esNo	
If yes, Please include a c Does your Educational Program include a If yes, Please include a c				Y	'esNo	
Is the parent or legal guardians an activ Guard?Active Duty Mo		es (Army, tional Gua		Marine Corp o	r Coast Guard) or National	
Student's Signature				Date		
Parent's/Guardians Signature				Date		
I, the parent/guardian understand that I n				May 31): and if	I do not re-apply my child	
will return to and attend his/her home dist			, ,		Pate:	
APPLICATIONS MUST BE RECEIVED No pores@arlingtonlocal.org. No application be considered by the administrative team Request will be acted upon no later than a	s will be accepted by MAIL or if there are openings available	IN THE OF e.	FICE. Application	s received afte	r May 31 st of each year may	

Date _____

_ Approved

____ Denied

by _____