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

Application for Open Enrollment for School Year 2023-2024

_____   _____   _____
Student First Name   **Middle Name**   **Last Name**

_____   _____/_____   _____
email address   **Date of Birth   and   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** _____   **Work Phone** _____

_____   _____   _____
School District of Residence   **School Building Name**   **Grade Level in School-Fall 23-24**

Is the student from Hispanic/Latino heritage?   Yes   No   (please circle one)

Is the student from one or more races using the following groups (circle applicable race(s):

Asian   Black/African American   Hispanic/Latino   White   Native Hawaiian/Other Pacific Islander   American Indian/Alaskan Native

Are you currently under suspension or expulsion for 10 consecutive days or more?   Yes _____No _____

Have you been suspended for 10 consecutive days or expelled in either the current or proceeding semester?   Yes _____No _____

Does your Educational Program include an Individualized Education Plan (IEP)?   Yes _____No _____
          If yes, Please include a copy of the current I.E.P.
Does your Educational Program include a 504 Plan?   Yes _____No _____
          If yes, Please include a copy of the current 504 Plan

Is the parent or legal guardians an active member of the Armed Forces (Army, Navy, Air Force, Marine Corp or Coast Guard) or National Guard?   ____Active Duty Member   _____National Guard

Student's Signature _____   **Date** _____

Parent's/Guardians Signature _____   **Date** _____

I, the parent/guardian understand that I must re-apply yearly for interdistrict transfers (May 1 thru May 31); and if I do not re-apply my child will return to and attend his/her home district school.

                                        Initial: _____   Date: _____

APPLICATIONS MUST BE RECEIVED NO LATER THAN 3:00 P.M. on Friday, May 31, 2023 to the Superintendent Secretary's email, pores@arlingtonlocal.org. No applications will be accepted by MAIL or IN THE OFFICE. Applications received after May 31st of each year may be considered by the administrative team if there are openings available.
Request will be acted upon no later than June 9, 2023. Parents must indicate acceptance of transfer on or before June 30, 2023.

Office Use Only:
Application received by: _____   **Date:** _____   **Time:** _____

_____ **Approved**   _____ **Denied**   **by** _____   **Date** _____