

Arlington Local School District

336 S. Main Street
Arlington, OH 45814

Application for Open Enrollment for School Year 2025-2026

No applications will be accepted by mail or in the office

Student First Name _____ Middle Name _____ Last Name _____

Parentor Guardian email address _____ Date of Birth _____ Place of Birth on Certificate _____ Gender (Male/Female) _____

Parent or Guardian (Full Name) _____

Address (House number) _____ (Street or Road) _____ (P.O. Box if applicable) _____

City _____ State _____ Zip _____ County _____ Phone _____

School District of Residence _____ School Building Name _____ Grade Level in Fall 25-26 _____

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

Is the student currently under suspension or expulsion for 10 consecutive days or more? Yes _____ No _____

Has the student been suspended for 10 consecutive days or expelled in either the current or proceeding semester? Yes _____ No _____

Does the student's Educational Program include an Individualized Education Plan (IEP)? Yes _____ No _____
If yes, Please include a copy of the current I.E.P.

Does the student's Educational Program include a 504 Plan? Yes _____ No _____
If yes, Please include a copy of the current 504 Plan

Is the parent or legal guardian 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/Guardian's 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 Saturday, May 31, 2025 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.

Requests will be acted upon no later than June 6, 2025. Parents must indicate acceptance of transfer on or before June 27, 2025.

Office Use Only:

Application received by: _____ Date: _____ Time: _____

_____ Approved _____ Denied By _____ Date _____