Arlington Local School District

336 S. Main Street
Arlington, OH 45814

Application for Open Enrollment for School Year 2026-2027

No applications will be accepted by mail or in the office

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

_____ _____ _____ _____
Parent or 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 Last Attended** **Grade Level in Fall 26-27**

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 Sunday, May 31, 2026 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 5, 2026. Parents must indicate acceptance of transfer on or before June 26, 2026.

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

_____ **Approved** _____ **Denied** **By** _____ **Date** _____