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

## **Application for Open Enrollment for School Year 2024-2025**

Student First Name		Middle Name	Last Name		
nail address Da		of Birth	Place of Birth on C	ertificate 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 Bui	lding Name		Grade Level in School-Fall 24-2	
Is the student from Hispanic/Latino herit	age? Y	res No	(please circle one)		
Is the student from one or more races us Asian Black/African American His			applicable race(s): lawaiian/Other Pacific Island	der American Indian/Alaskan Nativ	
Are you currently under suspension or e	expulsion for 10 co	onsecutive days	s or more?	YesNo	
Have you been suspended for 10 consec	cutive days or exp	elled in either th	ne current or proceeding se	mester? YesNo	
Does your Educational Program include an Individualized Education Plan (IEP)?  If yes, Please include a copy of the current I.E.P.  Does your Educational Program include a 504 Plan?  If yes, Please include a copy of the current 504 Plan				YesNo	
Is the parent or legal guardians an act Guard?Active Duty l			s (Army, Navy, Air Force, N onal Guard	Marine Corp or Coast Guard) or Natio	
Student's Signature				Date	
Parent's/Guardians Signature _				Date	
I, the parent/guardian understand that I will return to and attend his/her home di		arly for interdis		May 31); and if I do not re-apply my cl	
APPLICATIONS MUST BE RECEIVED pores@arlingtonlocal.org. No application considered by the administrative team if Requests will be acted upon no later that	ns will be accept there are opening	<u>ed by mail or in</u> gs available.	the office. Applications re-	ceived after May 31st of each year may	
Office Use Only: Application received by:		Date:	Time:		

Date \_\_\_\_\_

\_ Approved

\_\_\_\_ Denied

by \_\_\_\_\_