

ARCADIA LOCAL SCHOOL  
2024-2025

**Interdistrict Open Enrollment Application – Accepted 3/1/24 7:00 a.m. – 3/31/24 3:00 p.m.**

Name of Student \_\_\_\_\_  
(First) (Middle) (Last)

Student’s Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Phone: \_\_\_\_\_  
(Month/date/year)

Parent/Guardian’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code) (County)

**PLEASE NOTE: PROOF OF ADDRESS REQUIRED FROM RESIDENTIAL PARENT/GUARDIAN OR GRANDPARENT EVERY YEAR [Electric, gas, cable bill, property tax bill, mortgage statement or rental agreement].**

Is there a Court Order affecting the custody of this student? Yes \_\_\_ No \_\_\_ If YES, a current copy of the court documentation must accompany this form as well as proof of residency for custodial parent or guardianship of student.

Current Grade Level for Current 2023-2024 \_\_\_\_\_ Grade Level of Student for Upcoming 2024-2025 \_\_\_\_\_

Reason for Open Enrollment Request: \_\_\_\_\_

Does student have an IEP or 504 Plan? Yes \_\_\_ or No \_\_\_ (Current copy must be attached for all NEW applicants)

Is the student interested in attending the Millstream Vocational program? Yes \_\_\_ or No \_\_\_

Has this student been suspended a total of 10 days or expelled during the 2023-2024 school year? Yes \_\_\_ or No \_\_\_

Name of school district of residence: \_\_\_\_\_

School District where student currently attends 2023-2024: \_\_\_\_\_

Reason for transfer – We are conducting a survey to better serve our students. This will in no way affect your application to transfer in/out of the district. Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Parent works in area       | <input type="checkbox"/> Child Care                |
| <input type="checkbox"/> Parent attended Arcadia    | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Educational opportunities  | <input type="checkbox"/> Currently attends Arcadia |
| <input type="checkbox"/> Extracurricular Activities |  |

Application may be denied or delayed if ALL documentation is not provided. Signature of Parent/Guardian approving release of this student’s school records to Arcadia Local School: \_\_\_\_\_

(Signature of Parent/Guardian) (Date)

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**(For Office Use Only)**

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm  
School employee

Approved: _____ Denied: _____	Parent/Guardian Accepted: _____ Yes No
If denied, give reason: _____	
_____ (Signature of Official Accepting Student)	_____ (Date)