

ARCADIA LOCAL SCHOOL  
2025-2026

**Interdistrict Open Enrollment Application – Accepted 3/3/25 7:00 a.m. – 3/31/25 3:00 p.m.**

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

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

Parent/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

**\*\*\*\*\*PROOF OF ADDRESS REQUIRED FROM RESIDENTIAL PARENT/GUARDIAN OR GRANDPARENT EVERY YEAR including current students [Electric, gas, cable bill, property tax bill, mortgage statement or rental agreement]. Application may be denied if documentation is not attached\*\*\*\*\***

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.

Custodial Parent / Legal Guardian's Name: \_\_\_\_\_

Current Grade Level for Current 2024-2025 \_\_\_\_\_ Grade Level of Student for Upcoming 2025-2026 \_\_\_\_\_

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 2024-2025 school year? Yes \_\_\_\_\_ or No \_\_\_\_\_

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

School District where student currently attends 2024-2025: \_\_\_\_\_

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

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

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)

**(For Office Use Only)**

**Application Received**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Initials: \_\_\_\_\_

New \_\_\_\_\_ Returning \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Parent/Guardian Accepted: \_\_\_\_\_  
Yes No

If denied, give reason: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Official Accepting Student)

\_\_\_\_\_  
(Date)