ARCADIA LOCAL SCHOOL
2026-2027

Interdistrict Open Enrollment Application – Accepted 3/2/26 7:00 a.m. – 3/31/26 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)

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]. Provided ___

Is there a Court Order affecting the custody of this student? 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. COPY ON FILE ___

Custodial Parent / Legal Guardian's Name: _____

Current Grade Level for Current 2025-2026_____ Grade Level of Student for Upcoming 2026-2027_____

Reason for Open Enrollment Request: _____

Does student have an ETR / IEP or 504 Plan? Yes ___ No ___ **(**Current copy of ETR & IEP or 504 must be attached)****

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

Name of school district where you reside: _____

School District this student currently attends 2025-2026: _____

Has this student been suspended a total of 10 days or expelled during the 2025-2026 school year? Yes ___ No ___

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.

- ☐ Parent works in area
- ☐ Parent attended Arcadia
- ☐ Educational opportunities
- ☐ Extracurricular Activities
- ☐ Child Care
- ☐ Other _____
- ☐ Currently attends Arcadia

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

Date: _____

Time: _____

Initials: _____

New **Returning**

Approved: _____ Denied: _____ Parent/Guardian Accepted: _____ _____
Yes No

If denied, give reason: _____

_____
(Signature of Official Accepting Student) (Date)