

INTRADISTRICT (OPEN) ENROLLMENT FORM

Name of Student _____
Date

Current Assigned School Contemporary or Informal _____
Grade Level

Alternate School Requested Contemporary or Informal _____
Current or Upcoming Grade Level

Name of Parent/Guardian with Whom Student Resides _____
Work Phone

Address of Parent/Guardian with Whom Student Resides Zip Code _____
Work Phone

Has the student been suspended or expelled for ten (10) days or more at any time during the current school year? Yes _____ No _____

Does the student's educational program include an Individual Education Plan (IEP)? Yes ___ No _____

Reason(s) for this request: *Application forms must be completed by parents/guardians and submitted to the Registration Office at the Upper Arlington Schools Graf Center on or before April 15th to ensure timely consideration. All applications received on or before April 15th will be processed using a lottery system. Applications received after April 15th will be processed on a first-come, first-served basis. Preferential consideration will be given to:*

1. Students who currently attend the alternate school requested and move to another Upper Arlington School attendance area.
2. Students with documented IEP needs referred by the Director of Student Services to attend an alternate school within the Upper Arlington City School District.
3. Students who have a sibling already attending the alternate school requested.

By signing below, I acknowledge the responsibility to transport my student to the requested school or to a designated drop-off/pick-up location. (See AG 5113.01)

Parent/Guardian Signature _____
Date

12/17/19
2/10/15
4/14/15
10/1/15

Please email completed form to:
enrollment@uaschools.org
or
Mail/deliver to: The Mincy Center, 1619 Zollinger Rd,
Upper Arlington, OH 43221

Office Use Only	Date Received _____
Approved _____	Denied _____
	Notified Parent _____