

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 Mincy 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 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. (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 __