



UPPER ARLINGTON SCHOOLS

1619 Zollinger Road | Upper Arlington, Ohio 43221 | (614) 487-5000

Intradistrict (Open) Enrollment Form

 (Student Last) (Student First) (Middle Initial) (DOB)

 (Current Assigned School) (Contemporary or Informal) (Grade Level)

 (Alternate School Requested) (Contemporary or Informal) (Upcoming Grade Level)

 (Name of Parent/Guardian with Whom Student Resides) (Daytime Phone)

 (Address of Parent/Guardian with Whom Student Resides) (Zip Code) (Evening 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 with documented IEP needs referred by the Chief Student Services Officer 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. (See AG 5113.01)

 Signature of Parent/Guardian

 Date

Please scan and email completed form to enrollment@uaschools.org or mail/deliver to the Mincy Center, 1619 Zollinger Rd, Upper Arlington, OH 43221.

Office use:

Date Received _____ Approved Denied Date Notified _____ Staff Initials _____