



# INTERDISTRICT OPEN ENROLLMENT APPLICATION

2018-2019 School Year

Application Period April 1—June 14, 2018

Arcanum-Butler Local School District  
2011 Trojan Ave  
Arcanum OH 45304  
Phone: 937-692-5174  
Fax: 937-692-5959

## STUDENT INFORMATION *(please print)*

First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Student Birth City \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_

Is student Hispanic/Latino?  Yes  No Mother's Maiden Name \_\_\_\_\_

Mark all that apply:  American Indian or Alaskan Native  Male  Female  
 Asian  Black or African American  Native Language  English  
 Native Hawaiian or Other Pacific Islander  Spanish  
 White  Japanese  
 Other \_\_\_\_\_

## SCHOOL INFORMATION *(please print)*

Grade for 2018-2019 \_\_\_\_\_ School District of Residence \_\_\_\_\_

School Last Attended or Presently Attending \_\_\_\_\_

Reason for Request \_\_\_\_\_

Does student have siblings attending Arcanum?  Yes  No Names \_\_\_\_\_

Has student been expelled 10 or more consecutive days during the current or previous school term?  Yes  No

Is student identified:  Gifted  Will student be attending MVCTC:  Yes  
 Special Ed (Attach IEP)  No  
 Title I  
 504 Plan (Attach 504 Plan)

**\*\*Attach current report card/transcript including attendance record**

## PARENT CERTIFICATION

I understand:

- Open Enrollment may impact athletic eligibility. Contact the Athletic Director for details about eligibility.
- This is not a registration form. The enrollment process must be completed upon the approval of the open enrollment application.
- Parents and students will be notified of rejection or acceptance.
- Non-payment of fees may result in the termination of open enrollment.
- Falsification of any of the information contained in this form will void this application and/or enrollment of my child in Arcanum-Butler Local Schools.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Effective date, if after the beginning of the school year. (ex. date of move, etc) \_\_\_\_\_

## FOR OFFICE USE ONLY

Date form received \_\_\_\_\_  Approved  Denied

Building Principal \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Copies to: Parent, Resident District, Building Level Effective date in EMIS \_\_\_\_\_