



Defiance City Schools  
2019/20 Interdistrict Open Enrollment Application

*A separate application is required for each student.*

**Please Print**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Sex: M F  
Student's primary mailing address: \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth City: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Grade level for upcoming school year: \_\_\_\_\_ District of Residence: \_\_\_\_\_  
**Mother's maiden name:** \_\_\_\_\_

**Circle all that apply: Ethnicity:** Hispanic/Latino White Asian Black/African American  
Native Hawaiian/Pacific Islander American Indian/Alaskan Native

**Native Language if other than English:** \_\_\_\_\_

**If parents are not married, circle one: Sole custody, guardianship or shared parenting. Please provide court document if appropriate.**

Name of legal parent: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Day phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
If a P. O. Box, must include house number and street name.

**Complete only if under a shared parenting plan:**

Name of other legal parent: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Day phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Does your child have an IEP/receive special education services: *Yes or No* Disability type \_\_\_\_\_  
Has your child been suspended/expelled from ANY school district for ten consecutive days or more? *Yes or No*  
Does your child have siblings applying for open enrollment? List name and grade of each sibling: \_\_\_\_\_

Why have you chosen Defiance City Schools to educate your child? \_\_\_\_\_

Open enrollment applications **MUST** be submitted on a yearly basis. By signing this application, you're certifying that the information presented above is accurate. You agree to your child attending Defiance City Schools for the year of application. **Please provide proof of residency and/or custody papers if this is your first year applying for open enrollment.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only:** Date application received: \_\_\_\_\_ SSID# \_\_\_\_\_  
Notification to Parents on: \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected \_\_\_\_\_  
Notification to other district on: \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_