

Revised 11/4/11
Defiance City Schools
Interdistrict Open Enrollment Application
For 2012-2013 School Year

Application Date: _____ Legal Name of Student: _____
(First) (Middle) (Last)

Ethnicity: _____ Gender: _____ Native Language: _____

District of Residency: _____ Current School Attended: _____

Date of Birth: _____ Birthplace City: _____ School Requested: _____

Grade Level of Student for upcoming school year: _____ Social Security #: _____

Does your child have an Individual Education Plan (IEP)? Yes _____ No _____

Have you enrolled your student in his/her home school district? Yes _____ No _____

Has student been expelled from ANY other school district for ten consecutive days or more?
Yes _____ No _____

Does the student have a sibling (s) applying? Name(s): _____

Grade(s): _____ Building(s) Requested: _____

Please list the reason(s) for your interest in open enrollment to Defiance City Schools:

Name of Parents/Legal Guardian: _____

Mother's Maiden Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

To maintain continuity of programs, open enrollment students must remain in the Defiance City School District from their date of enrollment through the end of the academic year. Applications for open enrollment transfers are approved for only **ONE** academic year and **applicants must reapply for each successive year.**

Parent/Guardian Signature: _____ Date: _____

Date Received: _____ Time Received: _____

Parent Notification: Date: _____ Approved: _____ Rejected: _____

District of Residence Notification: Date: _____ Approved: _____ Rejected: _____

Reason for Rejection: _____

Superintendent's Signature: _____ Date _____