



Defiance City Schools
2024/25 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: _____

Custody - Student lives with:

Check one: Both Parents Sole Custody Shared Parenting Guardianship
Court/Custody Papers Required: Not Applicable Included with Application On File

Name of Legal Parent: _____ Address: _____
City/State/Zip: _____ Phone: _____

If Shared Parenting, please provide address/phone number of other parent:

Name: _____ Address: _____
City/State/Zip: _____ 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 _____

Superintendent's Signature: _____ Date: _____