



Defiance City Schools  
2025/26 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 2025-2026 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-**

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: \_\_\_\_\_