



# TROTWOOD-MADISON CITY SCHOOL DISTRICT

3594 N Snyder Road, Trotwood, OH 45426

Phone: (937) 854-3050 Email: [enrollment@trotwood.k12.oh.us](mailto:enrollment@trotwood.k12.oh.us)

## INTER-DISTRICT OPEN ENROLLMENT APPLICATION 2025-2026

The transfer of a student into the Trotwood-Madison City Schools from his/her district of residence shall be accomplished in accordance with the Trotwood-Madison District's Inter-district Open-Enrollment Policies and Guidelines. If you have any questions regarding them, please contact the Student Services office for clarification. Complete the following application form, sign indicating your awareness and understanding of the policies and guidelines. A decision regarding this application will be made by the building principal, and you will be notified of that decision by mail and/or email.

PLEASE USE BLACK /BLUE INK

Today's Date: \_\_\_\_\_ Student's Full Legal Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Birth Place City \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_  
House # Street/Road Name PO Box # City Zip

Parent/Guardian Email address: \_\_\_\_\_

The following information is required by the United States Department of Education:

Is the student of Hispanic/Latino origin? Yes No. At least one race must be chosen: White Black or African American  
American Indian or Alaskan native Asian Native Hawaiian or Other: Pacific Islander Multi-racial

(NOTE: If ethnicity is not provided, district will use observer identification per state and federal regulations)

Native Language: English Spanish Japanese Other: \_\_\_\_\_ Male Female

Name of School District of Legal Residence: \_\_\_\_\_ Grade Level: **2025-2026** \_\_\_\_\_

### Please answer the following questions.

Are you able to provide transportation to and from school for your student? Yes No

Does the student have an Individualized Education Program (IEP)? Yes No if yes, explain:  
\_\_\_\_\_

Has the student been suspended or expelled from school for 10 consecutive days or more during the current semester?

Yes No if yes, explain \_\_\_\_\_

Siblings currently enrolled/applying for Open Enrollment at Trotwood? Yes No (Separate applications required for each child)

If yes, give names and grade levels: \_\_\_\_\_

Print Parent/Guardian Name(s): \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Check the box that explains your situation: Last year open enrollment student Sibling of last year open enrollment student

New Applicant Former Trotwood resident student

Current Trotwood student, moving out of Trotwood-Madison School District

Effective date of move: \_\_\_\_\_

Student Following parent/District Employee

Name of District Employee: \_\_\_\_\_ (Code 109)

By signing this application, I am requesting that my child be considered for Inter-district Open-Enrollment in the Trotwood-Madison City Schools for the **2025-2026** school year/term. I HAVE **READ AND UNDERSTAND** THE POLICIES AND GUIDELINES WHICH GOVERN THE PROGRAM, including the need to provide transportation to the school. Providing inaccurate information on this application will void consideration of your request.

\_\_\_\_\_  
Legal Parent/Guardian Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY. DO NOT WRITE IN THIS AREA:**

**To Be Completed by Building Principal**

\_\_\_\_\_  Approved  Denied Reason (if denied): \_\_\_\_\_  
Date Application Received    Time Application Received

Building Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by Building Secretary (DO NOT Leave blank)**

Effective Start Date for OE \_\_\_\_\_ Assigned SSID# \_\_\_\_\_ Date Notice Sent to Parent \_\_\_\_\_

Building Secretary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by District Superintendent**

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