

2026-2027 Bucyrus City Schools Open Enrollment Application

Please submit a separate application for each student.

Note: Open enrollment application period is open April 1, 2026 - May 31, 2026. You may still submit an application for consideration after the deadline, but there is no guarantee or assumption of acceptance.

aburcher@bucyrusschools.org [Switch account](#)



* Indicates required question

Email *

Your email

Student First Name *

Your answer

Student Middle Name *

Your answer

Student Last Name *

Your answer



Date of Birth *

Date

mm/dd/yyyy

City of Birth (as it appears on birth certificate) *

Your answer

Ethnicity (please select only one) *

- ☐ Yes, Hispanic/Latino
- ☐ No, Not Hispanic/Latino

Race (check one or more regardless of ethnicity) *

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Multiracial
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

Present School Building Attending *

Your answer



Present Grade Level *

Your answer

School District of Residence *

Your answer

Have you applied for open enrollment with additional districts (other than Bucyrus City Schools) for the 2026-2027 school year? *

☐ Yes

☐ No

Parent Name *

Your answer

Mother's Maiden Name *

Your answer

Parent Address *

Your answer



Is this child in your home through court or foster placement? *

☐ No

☐ Yes (If yes, please provide the most recent signed certified copy of the court order granting custody if you have not already done so) This may be uploaded into your student's FinalForms account.

Phone Number *

Your answer

Move Date/Address Effective Date

Date

mm/dd/yyyy



Please indicate if your student is presently receiving any of the following services

*

- ☐ Individualized Education Program (IEP)
- ☐ 504 Plan
- ☐ Gifted Education (WEP)
- ☐ Adapted Physical Education
- ☐ Physical Therapy (PT)
- ☐ Occupational Therapy
- ☐ Tutoring other than Special Education
- ☐ Special Education Tutoring
- ☐ Speech
- ☐ Multi-Factored Evaluation
- ☐ Not Receiving Services

Anticipated Grade Level for 2026/2027 School Year *

Your answer

School-Aged Siblings

Please list the name **and** grade level of all school-aged siblings.

Your answer



Signature *

By entering your name below, you are effectively providing your signature, indicating that all information on this form is true and accurate, to the best of your knowledge.

Your answer

A copy of your responses will be emailed to the address you provided.

Submit

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