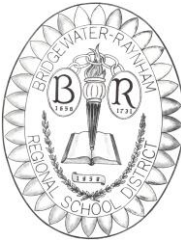


Bridgewater-Raynham Regional School District
166 Mt. Prospect Street
Bridgewater, MA 02324
508-279-2140, ext.116 Phone 508-697-7012 Fax



Application for Interdistrict School Choice
2017-2018 School Year
are due to the Superintendent by April 13, 2017

Note: Submission of this form does not automatically guarantee acceptance into the School Choice Program

Please Print:

Student Name: _____ **M** _____ **F** _____
(Last) (First) (Middle Name)

Current Address: _____
(Street) (City/Town) (State) (Zip)

Date of Birth: _____ **Place of Birth:** _____
(Month/Day/Year)
(Please include a copy of the birth certificate) **Is Applicant a State Ward?** Yes ___ No ___

Current School: _____ **** (Copy of current and last year's**
(Name) (City/State) **report cards must accompany this application.)**

Public or Private: _____ **Entrance Grade for September 2017:** _____ **Previous Grade:** _____

Is student applicant currently on an I.E.P.? Yes _____ No _____
**** (Copy of current IEP must accompany application)**

Primary Language Spoken at Home? _____ **Does student receive LEP services?** Yes ___ No ___

Has student applicant ever been suspended or expelled from school? Yes _____ No _____

If yes, explain in detail (use reverse side): _____

Father's Name: _____
(Last) (First)

Father's Address: _____
(Street) (City/Town) (State) (Zip)
Home Phone (____) _____ **Cell Phone** (____) _____ **Work Phone:** (____) _____

Mother's Name: _____
(Last) (First)

Mother's Address: _____
(Street) (City/Town) (State) (Zip)
Home Phone (____) _____ **Cell Phone** (____) _____ **Work Phone:** (____) _____

Is the applicant a sibling of a current Bridgewater-Raynham student? Yes ___ No ___

If so, name of student: _____
(Last) (First)

I hereby certify the above information to be true and correct. I further certify that I will furnish the Bridgewater-Raynham Regional School District with all student records necessary to complete registration (i.e.: birth certificate, immunization record, academic records, most current report card, discipline records, MCAS, current IEP, 504 Plan).

Date: _____ **Signature:** _____ **(Parent/Guardian)**