

BRIDGEWATER-RAYNHAM REGIONAL SCHOOL DISTRICT

166 Mt. Prospect Street, Bridgewater, MA 02324

Derek J. Swenson
Superintendent



Ryan T. Powers
Assistant Superintendent
508-279-2140

(Date)

_____ has applied as a School Choice Student to the
(Name)

Bridgewater-Raynham Regional School District in Grade _____ for the 2018-2019 school year. In order to ascertain eligibility, please forward the following information to:

Superintendent's Office
School Choice
Bridgewater-Raynham Regional School District
166 Mt. Prospect Street
Bridgewater, MA 02324

_____ Copy of current report card

_____ Test Scores (MCAS)

_____ Academic Records

_____ Other (including any court orders)

_____ Discipline Records **

_____ I.E.P.

_____ I.C.A.P. (if applicable)

_____ 504 Plan (if applicable)

Signed

Title

I hereby authorize release of all records requested.

Signature of Parent or Guardian

***As stated in M.G.L. c.71, s.37L, a student transferring into a local system must provide the new school system with a complete school record of entering student. Said record shall include, but not be limited to any incidents involving suspension or violation of criminal acts or any incident reports in which such student was charged with any suspended act.*