

School Choice Program

2019-2020

The enclosed application must be completed and returned to:

Old Rochester Regional School District
Superintendent of Schools
SCHOOL CHOICE
135 Marion Road
Mattapoisett, MA 02739

Transportation is the responsibility of the parent/guardian.

Thank you for your interest in the Old Rochester Regional School District.

Application for Admission to Old Rochester Regional School District

(please check one) Junior High School _____ Senior High School _____

School Choice Program
2019-2020

2019-2020 Grade Placement _____

Current School/District _____

Student's Name: _____
Last First Middle

Date of Birth: _____ Gender: Male Female

Home Address: _____
Street City State/Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Please check this box if it's ok to contact by email.

Parent/Guardian Name: _____

Child is living with: both parents mother only father only other

Sibling(s) Name/Grade/School: _____

I/We hereby certify that the information submitted is true, accurate and complete.

Student's Signature (if 18 years of age or older): _____

Parent/Guardian Signature: _____

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With this application, please complete the attached release of information form. The release form will be sent to the current school to obtain the following:

- Academic Transcript (current year and last year)
- Discipline Record (current year and last year)
- Current accepted and most recently developed IEP or 504 Plan (current and last year)
- Attendance Record (current year only)
- MCAS Scores and/or other Standardized Assessments (most recent)
- ELL or Bilingual Testing (if applicable)

NOTE: Transportation is not provided

AUTHORIZATION FOR RELEASE OF INFORMATION

It is important for the Old Rochester Regional School District to have the most current educational records for your child. If your child was attending school in another district, we ask that you complete this form to assist us in obtaining your child's most recent records.

To: (Name and address of last school attended)

Phone number of last school (if available): _____

Fax number of last school (if available): _____

Student's name: _____

Date of Birth: _____

I authorize Old Rochester Regional School District to obtain applicable records of the student identified above. Such records will be handled with the strictest confidence. Please include:

- Academic Transcript (current year and last year)
- Discipline Record (current year and last year)
- Current accepted and most recently developed IEP or 504 Plan (current and last year)
- Attendance Record (current year only)
- MCAS Scores and/or other Standardized Assessments (most recent)
- ELL or Bilingual Testing (if applicable)

Signature of Parent/Guardian: _____ Date: _____