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:  ____________________________________________

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: ______________