

SCHOOL CHOICE APPLICATION

Newburyport Public Schools

70 Low Street, Newburyport, MA 01950

Please Return Application to Superintendent's Office

Date of Application: _____

Currently Enrolled in Newburyport Public Schools: Yes _____ No _____

Grade Level Requested: _____ Current Grade Level of Applicant: _____

Note: Kindergarten applicants must be 5 years of age by Aug. 31/Grade 1 applicants must be 6 years of age before Sept. 1.

Name of Student: _____

Date of Birth: _____ Sex: M _____ F _____
Mo Day Yr

Current Address: _____
Street City/Town Zip

Telephone: () _____
Area Code

School Presently Attending: _____
Name of School City/Town

Siblings attending the Newburyport School System Yes _____ No _____

Names and grade level (if elementary please state which school): _____

Has the applicant been expelled or suspended from any school? Yes _____ No _____

*If yes, please explain the circumstances on the reverse side of this application.

NOTE: TRANSPORTATION OF SCHOOL CHOICE STUDENTS IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN. SCHOOL BUS SERVICE FOR STUDENTS LIVING OUTSIDE OF NEWBURYPORT IS NOT AVAILABLE.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

{Optional} Please tell us why you have chosen the Newburyport Public Schools

Any Inaccurate Information Given May Result in Rejection of this Application

<i>For Office Use Only</i>	
Admitted to Grade _____	School _____
Placed on Waiting List _____	Date: _____