

School Choice Application (2010-2011)
Newburyport Public Schools

Please return completed application to:
Office of the Superintendent
70 Low St.
Newburyport, MA 01950

Date Application Completed: _____

Student Name: _____ **Date of Birth:** _____
(please print) (month/day/year)

Grade Level Requested (circle): **6** **7** **8** **9** **Student's Sex (circle):** **M** **F**

Student's Current Address: _____
(street) (city/town) (zip)

Home Telephone: () _____

School Student Currently Attending: _____
(name of school) (city/town)

Student's Current Grade Level: _____

Has the applicant been expelled or suspended from any school? (circle) **YES** **NO**
• If yes, please explain the circumstances on the reverse of this application.

Any siblings currently attending the Newburyport Public Schools? (circle) **YES** **NO**

NAME(S)/GRADE(S): _____

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. Acceptance of School Choice students is conditional upon availability. If there are more applicants than School Choice slots available, a lottery will be conducted and parents/guardians will be contacted.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Any Inaccurate Information Given May Result in Rejection of this Application.

For Office Use Only

Admitted to Grade: _____

Placed on Waiting List: _____ **Date:** _____