

**SCHOOL CHOICE APPLICATION**

**Newburyport Public Schools  
70 Low Street, Newburyport, MA 01950**

**Please Return Application to Superintendent's Office**

**2019-2020 Grades Available 7, 9, & 10**

**Date of Application:** \_\_\_\_\_

**Currently Enrolled in Newburyport Public Schools: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Grade Level Requested: \_\_\_\_\_ Current Grade Level of Applicant: \_\_\_\_\_**

**Name of Student:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex: M \_\_\_\_\_ F \_\_\_\_\_**  
Mo Day Yr

**Current Address:** \_\_\_\_\_  
Street City/Town Zip

**Telephone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_**  
Area Code

**School Presently Attending:** \_\_\_\_\_  
Name of School City/Town

**Siblings attending the Newburyport School System Yes \_\_\_\_\_ No \_\_\_\_\_**

**Names and grade level of siblings in Newburyport:** \_\_\_\_\_

**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***

***For Office Use Only***

<b>Admitted to Grade</b>	<b>School</b>
<b>Placed on Waiting List</b> _____	<b>Date:</b> _____
_____	_____