

Northbridge Public Schools
87 Linwood Avenue, Whitinsville, Massachusetts 01588 (508) 234-8156
FAX (508) 234-8469 www.nps.org

APPLICATION FOR SCHOOL CHOICE

Availability may be limited based on class size.

PLEASE PRINT

Date of Application: _____

Applicant Information:

Last Name: _____ First Name: _____

Street Address: _____

Mailing Address: _____

Current School Attending: _____

Current School Address: _____

Current School Phone Number: _____

Current Grade: _____

SASID #: (may be obtained from current school): _____

Applying for placement in Grade (circle one): **K 1 2 3 4 5 6 7 8 9 10 11 12**

Has the student been previously enrolled or is the student currently enrolled (resident) in the Northbridge Public Schools ?

(Circle) **Yes No**

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

***Note:** Transportation of School Choice students is the responsibility of the parent/guardian. School bus service for students living outside of Northbridge is not available. Acceptance of School Choice students is conditional upon availability. If there are more applicants than School Choice slots available, a lottery may be conducted and parents/guardians will be contacted.*

Any inaccurate information given may result in rejection of this application.

The following documents will be necessary prior to enrollment of your child if a School Choice slot is available to you:

1. Student record, including transcript and temporary record.
2. Health record, including immunization record.
3. Individual Education Plan (IEP) or 504 Accommodation Plan, previous and current.
4. School Discipline Record, and
5. Birth Certificate.

Parent/Guardian Information:

I am the parent/legal guardian of the above named applicant for school choice.

Last Name: _____ First Name: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Email: _____

Is there a sibling currently attending Northbridge Public School District?

(Circle) **Yes** **No**

If yes, please provide:

Name(s) _____ Grade _____

Name(s) _____ Grade _____

Name(s) _____ Grade _____

Signature of Parent/Guardian Date

For Office Use Only:	Lottery #:	Wait List #:
Date Received:		
Date Accepted:		
Principal Approval:		

It is the policy of the Northbridge Public Schools not to discriminate on the basis of race, gender, religion, national origin, color, homelessness, sexual orientation, age or disability in its education programs, services, activities, or employment practices.