

BOURNE PUBLIC SCHOOLS SCHOOL CHOICE APPLICATION

Please return completed application to the central office.

Student's Name: _____ Date of Birth: _____
(Please Print)

Grade Level Requested: _____ Student Sex M F Current Grade: _____

Parent/Guardian Name(s): _____
(Please Print)

Student's Current Address: _____
(Street) (Town) (Zip)

Mail Address: _____

Home Phone: _____ Parent(s) Work Phone: _____ Cell: _____

Parent's Email address: _____

School Student Currently Attends: _____
(Name of School) (City/Town)

If more than one child from your family is applying, please provide the name(s); school(s); and grade(s) below:
(but be sure to complete a separate application for each child applying from your family.) Use reverse side if needed.

Name: _____ Grade: _____

Name: _____ Grade: _____

Note: Transportation of School Choice students is the responsibility of the Parent/Guardian. School bus service for students living outside of Bourne is not available. Acceptance of School Choice students is conditional upon availability.

Parent/Guardian Signature: _____ Date: _____

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

The following documents must be filed in the school building 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.

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FOR OFFICE USE ONLY

All information requested above for the above-mentioned student must be received by the school at least 15 days before the start of the school in the district; otherwise the above-mentioned student may not be accepted for the School Choice program.

Application received by: _____ Date: _____

Awarded School Choice slot: Yes No

Signature of School Building Official _____ date _____

Accepted: Yes No

Superintendent's Signature