

# BOURNE PUBLIC SCHOOLS SCHOOL CHOICE APPLICATION

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

Grade Level Requested: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Student Gender  M  F

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

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: \_\_\_\_\_

**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.)**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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. Birth Certificate.

**Note: Transportation of School Choice students is the responsibility of the Parent/Guardian. School bus service for students living outside of Bourne is normally not available and decided on a case by case basis. Acceptance of School Choice students is conditional upon availability.**

.....  
**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 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 School Year: \_\_\_\_\_

Signature of School Building Official \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Accepted:  Yes  No \_\_\_\_\_

**Superintendent's Signature**

**Please return completed application to your child's school of choice (see website for further information).  
<https://www.bourneps.org/for-parents-caregivers/school-choice-application>**