



Dartmouth Public Schools

SCHOOL CHOICE APPLICATION **2026-2027**

GRADE ENTERING

9: ____ 10: ____ 11: ____ 12: ____

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

Current School: _____ Town: _____

Siblings Attending Dartmouth Public Schools: _____

CONTACT INFORMATION

Parent/Legal Guardian(s): _____

Residential Address: _____

Mailing Address: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

ADDITIONAL INFORMATION

Is student receiving special education services?	YES	NO (If yes, please attach active IEP)
Is student presently receiving Title I Services?	YES	NO
Is the student in need of ELL services?	YES	NO
Does the student have a 504 Accommodation?	YES	NO
Has the student been expelled from school?	YES	NO
Has the student been suspended from school?	YES	NO

To complete your application please attach copies of the following documents:

1. Last school report card
2. School Discipline Record
3. Copy of IEP, 504 if applicable.

I authorize Dartmouth Public Schools to receive my child's current school records.

Parent/Legal Guardian Signature

Date

Return your application and supporting documentation to:

Dartmouth Public Schools
Office of the Superintendent
8 Bush Street
Dartmouth, MA 02748

OR: via email to kathleengenthner@dartmouthschools.org