

Webster Public Schools
Office of the Superintendent
Webster, MA 01570

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Superintendent of Schools

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School Choice Application

ALL APPLICATIONS FOR CONSIDERATION MUST BE RECEIVED BY OCTOBER 1ST

Student Name: _____ Date of Birth _____

School Currently Attending _____ Grade Entering _____

Is the student currently suspended or expelled from home district? Yes No

If yes, please explain: _____

Residential Street Address _____ Town/Zip _____

Mailing Address _____ Town/Zip _____

Phone Number _____ Alternate Phone Number _____

Email Address _____

Are special services required: Yes No If yes, what type? _____

Name of Parent / Guardian _____

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I, _____ request that my child _____

attend the Webster Public Schools under the Interdistrict School choice Law (M.G.L. 76:12) beginning _____

Additionally, as the student's parent/guardian, I understand the following:

- ☐ I am responsible for providing daily transportation for my child at my own expense
- ☐ Should the number of non-resident student requests exceed the number of available spaces in Webster Public Schools, a random drawing will be held to determine which students may attend
- ☐ Any student who is accepted for admission is entitled to remain in the Webster Public Schools until graduation from high school
- ☐ The Webster Public Schools does not discriminate in the admission of any child on the basis of race, color, national origin, ancestry, age, sex, gender identity, religion, physical or mental disability or sexual orientation

I hereby certify, as the parent/legal guardian of _____, I formally submit this request for his/her entrance into the Webster Public Schools under the School Choice Program.

Parent / Guardian signature

Date