

**2019-2020
School Year**

Office of the Superintendent
Medway Public Schools
45 Holliston Street, Medway, MA 02053
508-533-3222



Application for Enrollment under School Choice Law

Note: Submission of this form does not automatically guarantee acceptance into the School Choice Program

Please print:

Student Name: _____ Sex _____
(Last) (First) (Middle)

Current Address: _____
(Street) (City/Town) (State) (Zip)

Date of Birth: _____ Is student **State Ward**? YES NO
(Month/Day/Year) *(Copy of the birth certificate must accompany this application)*

Primary language spoken at home: _____ ESL or LEP _____

Name of any siblings in Medway Public Schools _____ Grade 2019-2020 _____?

Current School: _____ Public/Private: _____
(Name) (City/State)

Grade completed in 2018-2019: _____ Entrance Grade for **September 2019**: _____

*** Copy of most recent report card must accompany this application.**

Is student applicant currently on an **I.E.P.** or **504** YES NO

*If YES, please **attach** a current copy the I.E.P./504 to this application so Medway Public Schools can determine if it can meet the requirement, as set forth in the I.E.P.*

Has student applicant ever been **suspended** or **expelled** from school? YES NO

If YES, briefly explain: _____
(Use reverse side, if necessary)

With whom does **student reside**? Both Parents Parent #1 Parent #2 Guardian Other

(Last) (First)
If other, please explain: _____

Who has **legal custody** of this student? Both Parents Parent #1 Parent #2 Guardian Other

(Last) (First)
If other, please explain: _____

Who is **primary point of contact**? _____
(Last) (First)

Preferred Phone: (_____) _____ Work Phone: (_____) _____
Home Phone: (_____) _____ Email: _____

*I hereby certify the above information to be true and correct. I further certify that I will furnish Medway Public Schools with all student records necessary to complete registration (i.e.: **birth certificate, immunization record, academic records, most current report card, discipline records, MCAS, current IEP, 504 Plan.**).*

Date: _____ Parent/Guardian Signature: _____

19/20choice app form

Office Use Only

Date received: _____ Grade Open: _____ Accepted: _____