ASHLAND PUBLIC SCHOOLS SCHOOL CHOICE APPLICATION 2023-2024 75 Central Street Ashland, Massachusetts 01721

This form must be filled out completely and returned to the Office of the Superintendent, 75 Central Street, Ashland, MA 01721 no later than June 1, 2023. NO APPLICATIONS WILL BE ACCEPTED AFTER JUNE 1, 2023

STUDENT INFORMATION	Entrance Grade fo	or August 2023	
Student Name:	Home Telephone: ()		
Home Address:	Town	StateZip Code	_
Mailing Address (if different):			
Current School:		_Tel.#	
School Address:	Town	StateZip Code	_
		a copy of the student's most recent nary Record 3) MCAS results.	
Is student applicant currently on an Ir (If Yes, a copy of the current IEP m			
Primary Language Spoken at Home _			
Does student receive Limited English	Proficiency services? Ye	es No	
Has student applicant ever been suspective (please attach). (A copy of disciplina		chool? Yes No If Yes, explain in dany this application.)	etail
Parent #1 Name:	Hon	ne Telephone: ()	
Home Address:	Town	StateZip Code	_
Parent#1 Email address:	Paren	nt #1 Cell Phone:	
Do you have any other children curre	ntly enrolled in the Ashla	and Public Schools? Yes No	
If Yes; Name of Sibling(s) enrolled in	Ashland:	Grade:	

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

Date of Application: _____ Parent/Guardian Signature: _____

*As stated in M.G.L.c.71, s.37L, a student transferring into a local system must provide the new school system with a complete school record of entering student. Said record shall include, but not be limited to any incidents involving suspension or violation of criminal acts or any incident reports in which such student was charged with any suspended act.