

**DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT**  
School Choice Application ~ 2019-2020 School Year

At its meetings of March 27, 2019, the Dudley-Charlton Regional School Committee voted to approve School Choice for the 2019-2020 school year for the grades, buildings, and number of seats as follows:

Shepherd Hill Regional High School - 30 seats at grade 9      Dudley Middle School - 15 seats at grade 7  
Charlton Middle School – 7 seats at grade 7; 8 seats at grade 8

**All applications must be submitted to the Superintendent's Office by Friday, April 26, 2019. Note: *The Dudley-Charlton Regional School District does not provide transportation for School Choice students.***

Date: \_\_\_\_\_ Student's grade in the 2019-2020 school year \_\_\_\_\_

<input type="checkbox"/> Selected Date _____
<input type="checkbox"/> Parent Accepted Date _____
<input type="checkbox"/> Enrolled Date _____

Student's name \_\_\_\_\_  
*First*                      *Middle*                      *Last*

Student's address \_\_\_\_\_

**Does applicant have a sibling currently enrolled as a School Choice student in the Dudley-Charlton Regional School District?**  
 yes     no

Does student receive special education services?     Yes     No      Has the student been suspended?       Yes     No

Student's primary language: \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender     male     female

Last school attended: \_\_\_\_\_

School address \_\_\_\_\_

Student lives with:     Parents     Father     Mother     Other

Father: \_\_\_\_\_ Address (if different) \_\_\_\_\_

Father phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Mother: \_\_\_\_\_ Address (if different) \_\_\_\_\_

Mother phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Guardian: \_\_\_\_\_ Address (if different) \_\_\_\_\_

Guardian phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

I am the custodial parent/guardian of the above-named child

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent/Guardian Signature

***If only one parent can sign, please explain the circumstances, and know that you may be asked for proof of custody. Providing false information on this application will result in the immediate removal of the student from the program.***

As the non-custodial parent/guardian, I consent to enroll the above-named child as a School Choice student in the Dudley-Charlton Regional School District

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Non-custodial Parent/Guardian Signature

\_\_\_\_\_  
*Kristine E. Nash, Ed.D., Superintendent of Schools*