



# DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT

## School Choice Application—Non Resident

Dear Parent/Guardian:

Attached is a School Choice Application Form for entrance into the Dudley-Charlton Regional School District. Please complete the entire application. In addition, the following documents are required prior to reviewing your application if your child is new to our district:

- Copy of Current Report Card
- Copy of Academic Record
- Copy of Discipline Records
- Copy of Attendance Records
- Copy of IEP or 504 Plan (if applicable)
- Copy of Birth Certificate
- Copy of Immunizations and Most Recent Physical

Please note that if your child is accepted under the School Choice program, 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 the 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.”

Application and supporting documentation are to be mailed to:

Mr. Darren Elwell  
Shepherd Hill Regional High School  
68 Dudley-Oxford Road  
Dudley, MA 01571

Mr. Christopher Starczewski  
Dudley Middle School  
70 Dudley-Oxford Road  
Dudley, MA 01571

Mr. Dean Packard  
Charlton Middle School  
2 Oxford Road  
Charlton, MA 01507

Upon receipt of the application and all supporting documentation, your application will be reviewed and you will be notified of the decision.

**NOTE:** The Dudley-Charlton Regional School District **does not** provide transportation for school choice students. The transportation is the responsibility of the Parent/Guardian.

Please contact the Principal’s Office as follows if you have any questions:

- Shepherd Hill Regional High School (508-943-6700)
- Dudley Middle School (508-943-2224)
- Charlton Middle School (508-248-1423)

# School Choice Application—Non Resident

## STUDENT INFORMATION

Student's Name: \_\_\_\_\_  
Last Name First Name Full Middle Name

Address: \_\_\_\_\_  
Street Town Zip Code

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Current Grade: (Please circle one): 5 6 7 8 9 10 11 12

School That Student is Currently Attending (or Last School Attended):

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Father or Guardian: \_\_\_\_\_  
Name Email Address

Address: \_\_\_\_\_  
Street Town Zip Code

Phone Numbers: \_\_\_\_\_  
Work Home Cell

Mother or Guardian: \_\_\_\_\_  
Name Email Address

Address: \_\_\_\_\_  
Street Town Zip Code

Phone Numbers: \_\_\_\_\_  
Work Home Cell

## FOR DIVORCED/SEPARATED PARENTS

Who has physical custody of the child? (please circle): FATHER MOTHER STATE WARD JOINT OTHER

Who has legal custody of the child? (please circle): FATHER MOTHER STATE WARD JOINT OTHER

Is anyone legally barred from having access to your child?  Yes (if yes you MUST provide court documentation)  
 No

Is this student a state ward?  Yes  No

Does the student have a social worker?  Yes (Please Provide Name): \_\_\_\_\_  
 No

## SPECIAL EDUCATION SERVICES

Does your child receive Special Education services?  Yes  No

If yes, please explain services: \_\_\_\_\_  
\_\_\_\_\_

Do you have a copy of the student's IEP?  Yes  No

### **504 Accommodation Plan**

Does your child have a 504 Accommodation Plan?  Yes  No

Do you have a copy of the 504 Accommodation Plan?  Yes  No

### **Ethnicity: Is the student Hispanic or Latino (Spanish origin)? Select only one:**

- Yes, Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, Chicano, South or Central American, or other Spanish culture or origin, regardless of race
- No, not Hispanic or Latino

### **Race: What is the student's race? You may select one or more races.**

- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White:** a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

If accepted as a School Choice student, I hereby authorize representatives of the Dudley-Charlton Regional School District to receive and review copies of all my child's records. I understand that no accommodations are made for transportation to and from school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to:

Mr. Darren Elwell  
Shepherd Hill Regional High School  
68 Dudley-Oxford Road  
Dudley, MA 01571

Mr. Christopher Starczewski  
Dudley Middle School  
70 Dudley-Oxford Road  
Dudley, MA 01571

Mr. Dean Packard  
Charlton Middle School  
2 Oxford Road  
Charlton, MA 01507

**All applicants will be notified by mail of their acceptance or denial as a school choice student.**

## SCHOOL OFFICIAL USE ONLY

Principal's Recommendation: \_\_\_\_\_ Letter Sent: \_\_\_\_\_

Superintendent's Approval: \_\_\_\_\_ Date: \_\_\_\_\_



**Dudley-Charlton Regional School District**  
68 Dudley-Oxford Rd., Dudley, MA 01571

<b>Health Services use only:</b> Reviewed/Entered by: _____ Parent Contacted: _____ Orders on file: <input type="checkbox"/> No <input type="checkbox"/> Yes Alert entered in student information system: <input type="checkbox"/> No <input type="checkbox"/> Yes
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**STUDENT HEALTH HISTORY**

To be completed by parent/guardian

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

No  Yes Glasses/Contacts. Date of Last Eye Evaluation: \_\_\_\_\_

No  Yes Hearing Aid. Date of Last Hearing Exam: \_\_\_\_\_

Primary Doctor (Name & Phone): \_\_\_\_\_

Dentist (Name & Phone): \_\_\_\_\_ Date of Last Dental Visit: \_\_\_\_\_

**Daily Medications**

Written orders from a Health Care Provider is required before any prescription medication can be given at school.

No  Yes Medication needed at school (list): \_\_\_\_\_

No  Yes Medication needed at home (list): \_\_\_\_\_

No  Yes Allergies (list): \_\_\_\_\_

**Life-Threatening Medical Conditions**

Students with life threatening health conditions, where the condition would “put the child in danger of death during the school day”, must have medication/treatment orders AND a nursing plan in place **before** your child can attend school. Please contact your school office or school nurse for guidance.

**Life-Threatening Conditions (Requires Health Care Provider Orders)**

*Please check all that apply:*

No  Yes Severe Allergic Reaction to Nuts (List): \_\_\_\_\_

No  Yes Severe Allergic Reaction to Bee Stings Requiring Emergency Medication: \_\_\_\_\_

No  Yes Other Severe Allergies—Affecting School. Specify: \_\_\_\_\_

No  Yes Diabetes: \_\_\_\_\_

No  Yes Seizure Disorder that requires emergency medication: \_\_\_\_\_

No  Yes Severe Asthma (**regularly takes** medication for asthmatic condition and/or hospitalized within the last 5 years for asthmatic condition. \_\_\_\_\_

**Health Concerns** (potentially life-threatening conditions that may require Health Care Provider orders)

*Please check all that apply and explain*

No  Yes Asthma (takes medication only when needed): \_\_\_\_\_

No  Yes Seizure: Type of seizures and date of last seizure: \_\_\_\_\_

No  Yes Heart Condition: \_\_\_\_\_

No  Yes Behavioral/Emotional Concerns: \_\_\_\_\_

No  Yes Other Health Concerns: \_\_\_\_\_

No  Yes Any Chronic or Recurring Illness: \_\_\_\_\_

Does your child have any other condition that would affect his/her classroom performance or P.E. activities?

No  Yes If yes, explain: \_\_\_\_\_

*All health information is considered confidential. It may be shared with staff as needed during the time your child is enrolled in the Dudley-Charlton Regional School District in order to ensure the health and safety of your child.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## MILITARY FAMILY STATUS

The purpose of this form is to provide information regarding Military Family Status. In May 2012, Massachusetts joined other states as part of the Interstate Compact on Educational Opportunity for Military Children. The purpose of collecting this data is to make the transition, enrollment, assessment and graduation easier for mobile children in military families. Completing this form is voluntary.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Please check as applicable:

	00 – Not a member of a military family.
	01 – Yes, the student is the child of an active duty member of the military.
	02 – Yes, the student is the child of a member of the military or veteran who are medically discharged or retired within the last 12 months.
	03 – Yes, the student is the child of a uniformed military member who died on active duty.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## HOME LANGUAGE SURVEY

Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

## STUDENT INFORMATION

Gender:  M  F

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Country of Birth \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Date First Enrolled in ANY US school (mm/dd/yyyy) \_\_\_\_\_

## SCHOOL INFORMATION

Start Date in New School: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy) Current Grade: \_\_\_\_\_

Name of Former School and Town: \_\_\_\_\_

## Questions for Parents/Guardians

What is the primary language used in the home, regardless of the language spoken by the student?	Which language(s) are spoken with your child? (include relatives—grandparents, uncles, aunts, etc.- and caregivers)  _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak?	Which language do you use most with your child?
How many years has the student been in U.S. schools? (not including pre-kindergarten)	Which language does your child use? (circle one)  _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what language?	Will you require an interpreter/translator at Parent-Teacher meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what language?

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)