



DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT

School Choice Application Shepherd Hill Regional High School, Charlton and Dudley Middle School 2019-2020 School Year

Dear Parent/Caregiver:

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 if your child is new to the Dudley-Charlton Regional School District:

- | | |
|--|---|
| <input type="checkbox"/> Copy of Current Report Card | <input type="checkbox"/> Copy of IEP or 504 Plan (if applicable) |
| <input type="checkbox"/> Copy of Academic Record | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> Copy of Discipline Records | <input type="checkbox"/> Copy of Immunizations and Most Recent Physical |
| <input type="checkbox"/> Copy of Attendance Records | |

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.”

Has the applicant been expelled or suspended from any school?

- Yes - (If YES you MUST provide a written explanation of the circumstances) No

If more than one child from your family is applying, please provide name(s); school(s); and grade(s) below:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

A separate application for each child applying from your family must be submitted.

Application and supporting documentation are to be mailed to:

- | | | |
|---|---|--|
| <input type="checkbox"/> Mr. William F. Chaplin, Jr.
Shepherd Hill Regional High School
68 Dudley-Oxford Road
Dudley, MA 01571
508.943.6700 | <input type="checkbox"/> Mr. Christopher Starczewski
Dudley Middle School
70 Dudley-Oxford Road
Dudley, MA 01571
508.943.2224 | <input type="checkbox"/> Mr. Dean Packard
Charlton Middle School
2 Oxford Road
Charlton, MA 01507
508.248.1423 |
|---|---|--|

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 bus service for students accepted into the School Choice Program.
- Any inaccurate information given may result in the rejection of this application.

Dudley-Charlton Regional School District

School Choice Application 2019-2020 School Year

STUDENT INFORMATION

Student's Name: _____
Last Name First Name Full Middle Name

Date of Birth: _____ Student Gender Male Female Current Grade _____

Address: _____
Street Town Zip Code

Mailing Address (if different): _____

Home Phone: _____ Other Phone: _____

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

School that the student is currently attending (or last school attended):

School Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

PARENT/CAREGIVER INFORMATION

Mother or Caregiver: _____
Name Email Address

Address: _____
Street Town Zip Code

Phone Numbers: _____
Work Home Cell

Father or Caregiver: _____
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): MOTHER FATHER 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 - (If **YES** please provide name(s):
 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 SHRHS to receive and review copies of all my child's records.

Parent/Caregiver Signature: _____ Date: _____

Return completed form to:

- | | | |
|---|---|--|
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2 Oxford Road
Charlton, MA 01507
508.248.1423 |
|---|---|--|

All applicants will be notified by mail of their acceptance or denial as a School Choice student.

OFFICIAL USE ONLY

Principal's Approval: _____ Date: _____

Superintendent's Approval: _____ Date: _____

Date Letter Sent: _____