

Webster Public Schools

Office of the Superintendent
Webster, MA 01570

Ruthann Petruno-Goguen
Superintendent of Schools
TTY: 1-800-439-0183

508.943.0104 ext 11
Fax: 508.943.0315

School Choice Application

Student Name _____ Date of Birth _____

Sex: Male Female Is the student currently suspended or expelled from home district? _____

If yes, please explain: _____

Residential Street Address _____ Town _____

Mailing Address _____ Town _____

Phone Number _____ Alternate Phone Number _____

Email Address _____

School Currently Attending _____ Last Grade Completed _____

Are special services required? Yes No If so, what type? _____

Name of Parent(s) or Guardian(s) _____

I, _____, request that my child _____

attend the Webster Public Schools under the Interdistrict School Choice Law (M.G.L. 76:12) beginning _____.

Additionally, as the student's parent/guardian, I understand the following:

- I am responsible for providing daily transportation for my child at my own expense
- Should the number of non-resident student requests exceed the number of available spaces in the Webster Public Schools, a random drawing will be held to determine which students may attend
- Any student who is accepted for admission is entitled to remain in the Webster Public Schools until graduation from high school
- The Webster Public Schools does not discriminate in the admission of any child on the basis of race, color, religious creed, national origin, sex, age, sexual orientation, ancestry, athletic performance, physical handicap, special need, academic performance or proficiency in the English language

I hereby certify, as the parent / legal guardian of _____, I formally submit this request for his/her entrance into the Webster Public Schools under the School Choice Program. I will return this application to the Superintendent's Office for processing.

Parent / Guardian signature

Date