School Choice Application

Student Name:	
Address:	
Phone Number:	
School Currently Attending:	
Last Grade Completed:	
Date of Birth:	
Special Services Required? YES NO	
If so what type:	
Name of Parent/Guardian:	
Date of Entry:	
I request that my child, Attend the Douglas Public Schools under the State of Massachusetts School Choice Program.	
Parent Signature	
Dein einel Cionetture	
Principal Signature	
Superintendent Signature	

Pursuant to MA General Law, there is no obligation for either the sending district or the receiving district to provide regular education transportation to School Choice students.

Excellence in Education