## **Intent to Continue School Choice**

Student Name:
Address:
Mailing Address (if different):
Town of Residence:
Phone Number:
School Currently Attending:
Grade Entering:
Date of Birth:
Name of Parent/Guardian:
Date of Entry:
I request that my child,
continue to attend the Douglas Public Schools under the State of Massachusetts School Choice Program.
Parent Signature
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