



**Spencer East Brookfield Regional School District**  
**306 Main Street, Spencer, Massachusetts 01562**  
**Telephone (508) 885-8500 \* Fax (508) 885-8504**  
**Email: [bourassaj@sebrsd.org](mailto:bourassaj@sebrsd.org) \* Web: [www.sebrsd.org](http://www.sebrsd.org)**

**Interim Superintendent of Schools: Jodi Bourassa**

**SCHOOL CHOICE APPLICATION- NON RESIDENT**

Dear Parent/Guardian:

Attached is a *School Choice Application Form* for entrance into the Spencer-East Brookfield 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 the Spencer-East Brookfield Regional School District:

- \_\_\_\_\_ Copy of current report card
- \_\_\_\_\_ Copy of academic records
- \_\_\_\_\_ Copy of discipline records
- \_\_\_\_\_ Copy of attendance records
- \_\_\_\_\_ Copy of I.E.P. 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."

**Applications and supporting documentation are to be mailed to:**  
**Jodi Bourassa, Interim Superintendent of Schools**  
**306 Main Street**  
**Spencer, MA 01562**  
**Or, they can be faxed to: 508-885-8504**

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

**Note:** The Spencer-East Brookfield Regional School District **does not** provide transportation for school choice students. The transportation is the responsibility of the Parent/Guardian.

Please contact the Superintendent's Office at 508-885-8500 if you have any questions.

*The Spencer-East Brookfield Regional School District's Policy of non-discrimination will extend to students, staff, the general public and individuals with whom it does business; and will apply to race, color, national background, religion, sex, disability, economic status, political party, age, handicap, sexual orientation, gender identity, homelessness and other human differences.*

**Spencer-East Brookfield Regional School District  
SCHOOL CHOICE APPLICATION FORM**

STUDENT'S FIRST NAME: \_\_\_\_\_ STUDENT'S FULL MIDDLE NAME : \_\_\_\_\_

STUDENT'S LAST NAME : \_\_\_\_\_ GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

STREET: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS:(if different) \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_ OTHER TELEPHONE NUMBER: \_\_\_\_\_

EFFECTIVE DATE OF NEW ADDRESS: \_\_\_\_\_ (REQUIRED)

OLD ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

CURRENT GRADE LEVEL: (PLEASE CIRCLE ONE) K 1 2 3 4 5 6 7 8 9 10 11 12

**PARENT / GUARDIAN INFORMATION:**

FATHER OR GUARDIAN: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

**TELEPHONE NUMBERS:**

WORK \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_

Father's Email address: \_\_\_\_\_

MOTHER OR GUARDIAN: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

**TELEPHONE NUMBERS:**

WORK \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

**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 \_\_\_ NO \_\_\_ If yes you MUST provide court documentation

IS THIS STUDENT A STATE WARD? YES \_\_\_ NO \_\_\_

DOES THE STUDENT HAVE A SOCIAL WORKER? (PLEASE PROVIDE THE NAME): \_\_\_\_\_

**PLEASE FILL OUT OTHER SIDE ONLY IF YOUR CHILD IS "NEW" TO THE SCHOOL DISTRICT**

**WHAT SCHOOL IS THE STUDENT TRANSFERRING FROM:**

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**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 I.E.P.? \_\_\_\_\_ 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.

\*\*\*\*\*

**OFFICE USE ONLY**

LASID \_\_\_\_\_

SASID \_\_\_\_\_

SCHOOL \_\_\_\_\_

GRADE \_\_\_\_\_

DATE OF ENTRY \_\_\_\_\_

APPROVAL BY SUPERINTENDENT (SIGNATURE)

DATE