Spencer East Brookfield Regional School District
306 Main Street, Spencer, Massachusetts 01562
Phone: (508) 885- 8500; Fax: (508) 885-8504
N. Tracy Crowe, Ed. D., Superintendent of Schools

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:
N. Tracey Crowe, Ed. D., 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

PLEASE FILL THIS SIDE OUT 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.

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OFFICE USE ONLY

LASID_____ **SASID**_____

SCHOOL_____ **GRADE**_____

DATE OF ENTRY_____

APPROVAL BY SUPERINTENDENT (SIGNATURE) **DATE**