

For office use only:

Application #: _____

ATTLEBORO PUBLIC SCHOOLS

SCHOOL CHOICE APPLICATION 2019-2020

100 RATHBUN WILLARD DRIVE • ATTLEBORO, MA 02703 • TELEPHONE: 508.222.0012 • FAX: 508.223.1577

The Attleboro Public Schools is accepting applications under current Massachusetts General Law, Chapter 76 Section 12B (School Choice).

Grade Level(s)	Number of Available Seats	School
Grade 5	11	Middle School
Grade 9	16	Attleboro High School

Date of application (month/day/year): _____

Grade entering in 2019-2020: _____ Date of birth: _____

Student's name: _____

Last

First

Middle

Address:

Street City State Zip

School currently attending: _____ Address: _____

Parent/Guardian: _____

Phone (Home): _____ Phone (Cell): _____ Email: _____

Reason for requesting School Choice in the Attleboro Public Schools:

No school committee shall discriminate in the admission of any child on the basis of race, color, sex, religion, national origin, sexual orientation, age, disability, gender identity or expression, homeless status, pregnancy and/or pregnancy related conditions.

I give my consent for the schools that my child attended prior to this request to release information relative to their academic, special education, health records, discipline, and school citizenship to an administrator of the Attleboro Public Schools.

Signature of family member and relationship to student

Printed Name of family member

Date

ENGAGE • CHALLENGE • INSPIRE

THE ATTLEBORO PUBLIC SCHOOL DISTRICT IS IN COMPLIANCE WITH THE U.S. CIVIL SERVICE RIGHTS ACT OF 1964 AND THE TITLE IX EDUCATIONAL AMENDMENTS OF 1972 PART 8 SECTION 504 OF THE REHABILITATION ACT OF 1973. THE SCHOOL DISTRICT PROVIDES EQUAL EMPLOYMENT OPPORTUNITY TO ALL INDIVIDUALS AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, NATIONAL ORIGIN, SEX, AGE, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, OR RELIGION.