



EAST BRIDGEWATER PUBLIC SCHOOLS

East Bridgewater, Massachusetts 02333

Elizabeth L. Legault
Superintendent of Schools
143 Plymouth Street
508-378-8200 Telephone
508-378-8225 Fax
www.ebps.net

The East Bridgewater Public School district, in partnership with the community,
creates an academically challenging, safe, and supportive learning
environment that promotes the pursuit of excellence for all.

March 26, 2018

Dear Parent/Guardian:

The East Bridgewater Public Schools is accepting applications under School Choice for incoming students in grades 7-12 for the 2018/2019 school year.

Enclosed is the school choice application packet required for entrance. Please complete the one page application form and return to Ms. Elizabeth L. Legault, Superintendent of Schools, 143 Plymouth Street, East Bridgewater, MA 02333 by June 1, 2018.

Also included in the school choice packet is a one page Student Records Release Form. This form must be signed by you and **brought to your child's current school**. This release will allow your child's current school to forward all the required documents to the East Bridgewater Superintendent's Office.

Please be advised that the application and all required documents must be received by the Superintendent no later than the close of business, 3:00 PM on Friday, June 1, 2018. *If the number of applications received exceeds the number of seats available, a lottery will be conducted.*

Please note that the East Bridgewater Public Schools **does not provide transportation** for school choice students and that daily transportation of your child is your responsibility.

If you have any questions, please do not hesitate to contact my office at 508-378-5956. Thank you for your interest in the East Bridgewater Public Schools.

Very truly yours,

Elizabeth L. Legault
Superintendent of Schools

ELL:bap

Enclosures

The East Bridgewater Public School System is committed to ensuring that all of its programs and facilities are accessible to all members of the public. We do not discriminate on the basis of age, color, disability, national origin, race, religion, sex, sexual orientation, gender, gender identity or homelessness.

The contents of all East Bridgewater school publications are available upon request in languages other than English.



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APPLICATION FOR ENROLLMENT UNDER SCHOOL CHOICE LAW

Grades 7-12 for the 2018-2019 School Year

(Applications are due to the Superintendent by June 1, 2018)

Note: Submission of this form does not automatically guarantee acceptance into the School Choice Program

Please Print

Student Name: _____ M____ F____
 (Last) (First) (Middle Name)

Current Address: _____
 (Street) (City/Town) (State) (Zip)

Date of Birth: _____ Place of Birth: _____
 (Month/Day/Year)
 (Please include a copy of the birth certificate) Is Applicant a State Ward? Yes ___ No ___

Current School: _____ ** (Copy of most recent report card must
 (Name) (City/State) accompany this application)

Public or Private _____ Entrance Grade for September 2018: _____ Previous Grade _____

Is student applicant currently on an I.E.P.? Yes ___ No ___
 **(Copy of current I.E.P. must accompany application)

Primary Language Spoken at Home _____ Does student receive ELL services? Yes ___ No ___

Has student applicant ever been suspended or expelled from school? Yes ___ No ___
 If yes, explain in detail (use reverse side): _____

Father's Name: _____ Home Phone : _____ Cell Phone: _____
 Father's Address: _____ Work Phone: _____
 (street) (City/Town) (State) (Zip)

Mother's Name: _____ Home Phone : _____ Cell Phone: _____
 Mother's Address: _____ Work Phone: _____
 (street) (City/Town) (State) (Zip)

Email addresses: _____
 Father Mother

Is the applicant a sibling of a current East Bridgewater student? Yes ___ No ___
 If so, name of student: _____

I hereby certify the above information to be true and correct. I further certify that I will furnish East Bridgewater Public Schools with all student records necessary to complete registration (i.e.: birth certificate, immunization record, academic records, most current report card, discipline records, MCAS, current IEP, 504 Plan).
Acceptance is contingent upon receipt of all records.

Date: _____ Signature: _____ (Parent/Guardian)

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Student Records Release Form (Grades 7-12)

(This form is to be given to your child's school they are currently attending)

March 26, 2018

_____ has applied as a School Choice Student to the
(Name)
East Bridgewater Public Schools for Grade _____ for the 2018-2019 school year. In order to ascertain eligibility,
please forward the following information to:

Ms. Elizabeth Legault
Superintendent of Schools
East Bridgewater Public Schools
143 Plymouth Street
East Bridgewater, MA 02333

- | | |
|-------------------------------------|--------------------------------|
| _____ Copy of current report card | _____ Test Scores (MCAS) |
| _____ Academic & Attendance Records | _____ Discipline Records** |
| _____ I.E.P. (If applicable) | _____ 504 Plan (if applicable) |
| _____ Health Records | _____ Other |

In order for an application to be considered complete, all applicable documents listed above must be received by the East Bridgewater Superintendent by 3:00 PM on Friday, June 1, 2018.

Elizabeth L. Legault
Superintendent

I hereby authorize release of all records requested.

Signature of Parent or Guardian

**As stated in M.G.L. c71, §37L, a student transferring into a local system must provide the new school with a complete school record of 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.

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