

Berkley School District

SCHOOL CHOICE (Non-Resident) APPLICATION FORM 2011/2012

This form is to be completed by individuals seeking to gain acceptance to student status in the Berkley Public Schools under the State's School Choice Program [M.G.L. 76.12]. In order to be considered complete, each item below must be addressed. School Choice enrollments in the Berkley School District are governed on a space-available basis, with such space availability being determined in accordance with the Berkley School Committee policy.

SCHOOL & GRADE TO WHICH APPLICATION IS BEING MADE:

_____ Elementary _____ Middle School

GRADE: _____ STUDENT'S NAME: _____
Last Name First Name M.I.

STUDENT'S ADDRESS: _____ TOWN: _____ ZIP: _____
Number Street Apt.#

HOME PHONE: () _____ *DATE OF BIRTH: _____
Area Code Number Month Day Year

REQUESTED EFFECTIVE DATE: _____ *NOTE: Birth Certificates MUST accompany all Kindergarten and grade 1 applications.

PARENT'S/GUARDIAN'S NAME: _____ WORK PHONE: _____

This application MUST be SIGNED and returned to the Superintendent's Office at 21 North Main Street, Berkley, MA 02779. All information on this form must be completed and returned by the deadline date in order to be considered for inclusion in the random selection drawing to be held no later than July 1st. Unsuccessful applicants and applications submitted after this time will be retained on file until the second drawing date that will be held the week immediately preceding the opening of the school year in the event that space becomes available.

Parent's/Guardian's Signature Date

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

STATUS: ACCEPTED WAITING LIST

