



Berkley Public Schools

21 North Main Street, Berkley, Massachusetts 02779

Tel. 508-822-5220 • FAX 508-823-1772

THOMAS J. LYNCH
Superintendent of Schools

April 9, 2019

Dear Parent(s):

The Berkley School District is accepting requests for participation in School Choice. The number of available seats per grade / per building determines the number of openings; therefore, the numbers of opportunities vary. For the 2019/20 school year, the available openings are in all grades except Grade 6. Preschool is only available to Berkley residents.

The selection of non-residence students for admission to the Berkley Public School Choice Program, when the numbers of requests exceed the number of available spaces, will be in the form of a random drawing. There will be two drawings for this purpose. The first will take place no later than July 1st by the Superintendent or his designee. The second will be conducted during the week immediately preceding the beginning of the next school year to fill openings not filled or vacated during the first random drawing.

Those interested in applying should return the attached Application Form by **1 PM on Monday, June 10, 2019** to the Office of the Superintendent of Schools, 21 North Main Street, Berkley, MA 02779.

Sincerely,

A handwritten signature in cursive script that reads "Thomas J. Lynch".

Thomas J. Lynch
Superintendent of Schools

Berkley Public Schools

SCHOOL CHOICE (Non-Resident) APPLICATION FORM 2019/2020

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 Public Schools 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.#

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: _____

This application must be completed, signed and returned to the Superintendent's Office at 21 North Main Street, Berkley, MA 02779 by **1 PM on Monday, June 10, 2019** 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 in the event space becomes available. The second drawing will be the week immediately preceding the opening of the school year.

Parent's/Guardian's Signature

Date

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

STATUS: ACCEPTED WAIT LIST