

Rockland Public Schools

34 MacKinlay Way
Rockland, Massachusetts 02370



Dr. Alan H. Cron
Superintendent of Schools
Colleen E. Forlizzi
Assistant Superintendent
Jane E. Hackett
School Business Administrator

(781) 878-3893
FAX (781) 982-1483

Spring/Summer, 2021

To the Parent(s) or Guardian(s) of School Choice Applicant(s):

Massachusetts General Laws Chapter 76, Section 12B was enacted in 1991 to allow parents to send their children to public schools in communities other than the one in which they reside. The Rockland Public School System accepts students under the School Choice Program from neighboring towns on a space available basis. Enrollment may be requested at any school in Rockland if it has been declared by the Superintendent that a vacancy exists.

School Choice Policies:

The application process is an open enrollment on a first come-first serve basis. Selection will be free from any type of discrimination and siblings of currently enrolled School Choice participants have priority in the selection procedure, providing that openings exist at the desired grade level(s). Once a non-resident student has been admitted under the School Choice program, the student has the right to remain in that district until graduation from high school. Transportation for School Choice students is to be provided by their parent/guardian.

Please complete the School Choice Application if you wish to have your child considered for enrollment in the Rockland Public Schools for the 2021-2022 school year.

Applications can be obtained at each school or requested from the Superintendent's Office at (34 MacKinlay Way, Rockland, MA 02370: 781-878-3893).

Completed applications may be mailed, faxed, or emailed to:

Jane E. Hackett, Business Administrator

fax: 781-982-1483

email: jhackett@rocklandschools.org

If accepted, written notification will be sent to you regarding further procedures. It will be the responsibility of the parent/guardian to contact the student's present school to release the student records to Rockland Public Schools.

Sincerely,

Alan H. Cron, Ed. D.
Superintendent of Schools

**ROCKLAND PUBLIC SCHOOLS
SCHOOL CHOICE APPLICATION 2021-2022**

Student's Name _____ Date of Birth: _____ Gender: (Circle) **M** **F**
(Please Print Child's Name) (Month/Day/Year)

Grade level Requested: (Circle) **K full day** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** **11** **12** Current Grade: _____

Parent/Guardian Name (s) _____
(Please Print)

Student's Current Address: _____
(Street) (Town) (Zip)

Home Phone: _____ Parent(s) Work Phone: _____ Cell: _____

E-mail address: _____

School Student Currently Attends: _____
(Name of School) (City/Town)

Has the applicant been expelled or suspended from any school? (Circle) **Yes** **No**

*If yes, please explain the circumstances on the reverse of this application.

If more than one child from your family is applying, please provide the name(s) and grade (s) below:
(Be sure to complete a separate application for each child applying from your family)

Name: _____ Grade: _____

Name: _____ Grade: _____

Note: Transportation of School Choice students is the responsibility of the Parent/Guardian. School bus service for students living outside of Rockland is not available. Acceptance of School Choice students is conditional upon space availability.

Parent/Guardian Signature: _____ Date: _____

Any inaccurate information given may result in rejection of this application.

No approval will be given until the following documents are received and reviewed:

1. Student record, including transcript and temporary record.
2. Health record, including immunization record.
3. Individual Education Plan (IEP) or 504 Accommodation Plan, previous and current (if applicable)
4. School Discipline Record, and
5. Birth Certificate.

Return completed application NO LATER THAN September 30th to:

- Jane E. Hackett, 34 MacKinlay Way, Rockland 02370 (781-878-3893)

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FOR OFFICE USE ONLY

Signing below indicates parent(s)' acceptance of School Choice slot.

Parent Signature: _____ Date: _____

Student's Name: _____ Awarded School Choice slot: **Yes** **No**
Accepted: **Yes** **No**

Confirmed by (Principal): _____ Date: _____