



Office of the Superintendent
 Medway Public Schools
 45 Holliston Street, Medway, MA 02053
 508-533-3222

**2023-2024
 School Year**

Application for Enrollment under School Choice Law

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

Please print:

Student Name: _____ Sex _____
 (Last) (First) (Middle)

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

Date of Birth: _____ Is student **State Ward**? YES NO
 (Month/Day/Year) *(Copy of the birth certificate must accompany this application)*

Primary language spoken at home: _____ ESL or LEP _____

Current School: _____ Public/Private: _____
 (Name) (City/State)

Grade completed in 2022-2023: _____ Entrance Grade for **September 2023**: _____

*** A copy of the most recent report card must accompany this application.**

Name of any siblings in Medway Public Schools _____ Grade 2022-2023 _____

Is student applicant currently on an **IEP** or **504** YES NO

If YES, please attach a current signed copy the IEP/504 to this application so Medway Public Schools can determine if it can meet the requirement, as set forth in the IEP.

Has the student applicant ever been **suspended** or **expelled** from school? YES NO

If YES, briefly explain: _____
(Use reverse side, if necessary)

With whom does **the student reside**? Both Parents Parent #1 Parent #2 Guardian Other

 (Last) (First)
 If other, please explain: _____

Who has **legal custody** of this student? Both Parents Parent #1 Parent #2 Guardian Other

 (Last) (First)
 If other, please explain: _____

Who is **the primary point of contact**? _____
 (Last) (First)

Preferred Phone: (_____) _____ Work Phone: (_____) _____

Home Phone: (_____) _____ Email: _____

*I hereby certify the above information to be true and correct. I further certify that I will furnish Medway 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.**)*

Date: _____ Parent/Guardian Signature: _____

23/24choice app form

Office Use Only
Date received: _____ Grade Open: _____ Accepted: _____