



Application for Enrollment under the School Choice Program
2024-25 School Year

{Applications are due no later than May 16, 2024}

Student Information

Student Name: (Last) (First) (Middle Name) M ___ F ___

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

Date of Birth: (Month/Day/Year) Place of Birth: (City & State)

(Please include a copy of the birth certificate) Is Applicant a State Ward? Yes ___ No ___

Name of School of Choice: Current School Attending: ** (Copy of most recent report card must accompany this application)

(School Name) (City/State)

Public or Private: Entrance Grade for 2024-25 SY: Previous Grade:

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

Household Contact Information

Parent's/Guardian's Full Name (s):

Parent's/Guardian's Address: (Street) (City/Town) (State) (Zip)

Home Phone () Cell Phone () Work Phone: ()

Non-Household Contact Information

Parent/Guardian's Full Name (s):

Parent/Guardian's Address: (Street) (City/Town) (State) (Zip)

Home Phone () Cell Phone () Work Phone: ()

Is the student applying a sibling of a current Whitman-Hanson Regional School District student? Yes ___ No ___

If so, name and grade of student:

I hereby certify the above information to be true and correct. I further certify that I will furnish Whitman-Hanson Regional School District 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: Signature: (Parent/Guardian)

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