



NASHOBA

Regional School District

APPLICATION FOR SCHOOL CHOICE 2008-2009

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

Birth Date: _____ **Place of Birth** _____ **SS#** _____ - ____ - ____
(City/Town, State, Country)

Previous School: _____ **Grade Level (2008-2009):** _____ **Age:** _____

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

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

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

Father: _____
(Name) (Occupation) (Work Phone)

Mother: _____
(Name) (Occupation) (Work Phone)

Home Phone: _____

May your child's address be released for publicity purposes? ____ Y ____ N

Emergency Contact: _____
(Name) (Address) (Phone)

(Relationship to Student) _____

Sibling Names and Dates of Birth:

_____ **D.O.B.** _____ _____ **D.O.B.** _____

_____ **D.O.B.** _____ _____ **D.O.B.** _____

_____ **D.O.B.** _____ _____ **D.O.B.** _____

Special Information:

- Allergies** Please describe: _____
- Learning Difficulties** Please describe: _____
- Special Services** Please describe: _____
- American with Disabilities Plan** Please describe: _____

Grade Entering (Circle) K 1 2 3 4 5 6 7 8 9 10 11 12

List of activities you would like to participate in:

_____ (Sports, Clubs, Drama, Music, Etc.)

Describe your performance in academic work (Circle one):

EXCELLENT GOOD FAIR POOR

Check one of the following statements:

_____ **I definitely will be attending Nashoba Next Year if accepted.**

_____ **I am not sure where I will be attending school next year.**

ENCLOSE WITH THIS APPLICATION A COPY OF YOUR LATEST REPORT CARD OR A TRANSCRIPT OF YOUR SCHOOL RECORD.

**Nashoba Regional School District
Office of the Superintendent
50 Mechanic Street
Bolton, MA 01740**

Student's Signature: _____

Parent's Signature: _____

(OFFICE USE ONLY)

_____ **Index Cards** _____ **S & W Cards** _____ **Enrollment Book** _____ **Register**

_____ **Class Lists** _____ **Cum. Folder** _____ **Nurse Notified** _____ **Map**

_____ **Bus Notified** _____ **Grade Assign** _____ **Teacher Notified**

_____ **Date Entered** _____ **Copies/Computer/Office**

_____ **Records Received** _____ **Health** _____ **Ed Plans**