

APPLICATION FOR ENROLLMENT UNDER SCHOOL CHOICE LAW
2010-2011 School Year
(Applications are due to the Superintendent by June 25, 2010)

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

Please Print

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

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

Date of Birth: _____ Place of Birth: _____
(Month/Day/Year)
(Please include a copy of the birth certificate) Is Applicant a State Ward? Yes ____ No ____

Current School: _____ ** (Copy of most recent report card must
(Name) (City/State) accompany this application)

Public or Private _____ Entrance Grade for September 2010: **Grade 9 only** Previous Grade ____

Is student applicant currently on an I.E.P.? Yes ____ No ____
**(Copy of current I.E.P. must accompany application)

Primary Language Spoken at Home _____ Does student receive LEP services? Yes ____ No ____

Has student applicant ever been suspended or expelled from school? Yes ____ No ____
If yes, explain in detail (use reverse side): _____

Father's Name: _____	Home Phone : _____	Cell Phone: _____
Father's Address: _____	Work Phone: _____	
(street) (City/Town) (State) (Zip)		
Mother's Name: _____	Home Phone : _____	Cell Phone: _____
Mother's Address: _____	Work Phone: _____	
(street) (City/Town) (State) (Zip)		
Is the applicant a sibling of a current Abington student? Yes ____ No ____		
If so, name of student: _____		

I hereby certify the above information to be true and correct. I further certify that I will furnish Abington 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). **Acceptance is contingent upon receipt of all records.**

Date: _____ Signature : _____ (Parent/Guardian)