AUBURN PUBLIC SCHOOLS
SCHOOL CHOICE APPLICATION 2021-2022

Please return completed application **NO LATER THAN MARCH 31, 2021** to:
Office of the Superintendent, 5 West Street, Auburn, MA 01501

Student's Name: _____ Date of Birth: _____
(Please Print)

Grade Level Requested: (Circle) **6 7 8** Student Sex: (Circle) **M F** Current Grade**: _____**

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

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

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

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:
(*but 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 Auburn is only available if space on buses is available. It is not guaranteed. Acceptance of School Choice students is conditional upon availability. If there are more applicants than School Choice slots available, a lottery will be conducted and parents/guardians will be contacted.

Parent/Guardian Signature : _____ Date: _____

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

The following documents will be necessary prior to enrollment of your child if a School Choice slot is available to you:

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.
4. School Discipline Record, and
5. Birth Certificate.

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FOR OFFICE USE ONLY

Signing below indicates parent(s)' acceptance of School Choice slot (please **DO NOT** sign until you have been notified that your child has been awarded a School Choice position):

Student's Name: _____ Date Awarded: _____

Awarded School Choice slot: **Yes No** Accepted: **Yes No**

Confirmed by: _____
(Staff Member Name)

_____ Date: _____
(Parent Signature)

School Choice Application: March 2018 (Auburn Middle School)