

ROCKPORT PUBLIC SCHOOLS  
24 JERDEN'S LANE  
ROCKPORT, MA 01966  
TEL. 978-546-1200 FAX 978-546-1205

**SCHOOL CHOICE APPLICATION**

Directions: Complete all information below. **Please print clearly.** Your application will not be processed unless all requested information is provided. Application due by February 24, 2012.

I wish to apply to Rockport Public Schools for admission in August 2012 to Grade \_\_\_\_\_ under the Massachusetts School Choice Law.

**Student Information (please print):**

Full Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_

Telephone Number \_\_\_\_\_

Present School \_\_\_\_\_

School Address \_\_\_\_\_

Town/City \_\_\_\_\_

School Telephone \_\_\_\_\_

**Parent Information (please print):**

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Do you have other children attending Rockport Schools?  Yes  No

If yes, please give name/s and grade/s:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ (2/12)