

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. Thank you.

I wish to apply to Rockport Public Schools for admission in September 2009 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 _____

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: _____ (12/08)