



### Application for Enrollment under School Choice Law

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

Please print:

Student Name: \_\_\_\_\_ Sex \_\_\_\_\_  
                                (Last)                                (First)                                (Middle)

Current Address: \_\_\_\_\_  
                                (Street)                                (City/Town)                                (Zip)

Date of Birth: \_\_\_\_\_ Is student **State Ward**?  YES  NO  
                                (Month/Day/Year) *(Copy of the birth certificate must accompany this application)*

Primary language spoken at home: \_\_\_\_\_ ESL or LEP \_\_\_\_\_

Student's primary language: \_\_\_\_\_

Current School: \_\_\_\_\_ Public/Private: \_\_\_\_\_  
                                (Name)                                (City/State)

Grade completed in 2023-2024: \_\_\_\_\_ Entrance Grade for **September 2024**: \_\_\_\_\_

**\* A copy of the most recent report card must accompany this application.**

Name of any siblings in Medway Public Schools \_\_\_\_\_ Grade 2023-2024 \_\_\_\_\_

Is student applicant currently on an **IEP** or **504**  YES  NO  
*If YES, please **attach a current signed copy** the IEP/504 to this application so Medway Public Schools can determine if it can meet the requirement, as set forth in the IEP.*

Has the student applicant ever been **suspended** or **expelled** from school?  YES  NO  
If YES, briefly explain: \_\_\_\_\_  
*(Use reverse side, if necessary)*

With whom does **the student reside**?  Both Parents  Parent #1  Parent #2  Guardian  Other  
\_\_\_\_\_ (Last) \_\_\_\_\_ (First)

If other, please explain: \_\_\_\_\_

Who has **legal custody** of this student?  Both Parents  Parent #1  Parent #2  Guardian  Other  
\_\_\_\_\_ (Last) \_\_\_\_\_ (First)

If other, please explain: \_\_\_\_\_

Who is **the primary point of contact**? \_\_\_\_\_  
  (Last)  (First)

Preferred Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

.....  
*I hereby certify the above information to be true and correct. I further certify that I will furnish Medway Public Schools with all student records necessary to complete application (i.e.: birth certificate, immunization record, academic records, most current report card, discipline records, MCAS, current IEP, 504 Plan.).*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_