



**West Bridgewater Public Schools**  
**Spring Street School, 2 Spring Street**  
**West Bridgewater, MA 02379**  
**508-894-1230, ext. 118 Ph 508-894-1232 Fax**  
**[www.wbridgewaterschools.org](http://www.wbridgewaterschools.org)**

**Patricia W. Oakley, Ed. D.**  
**Superintendent of Schools**

**Tel: 508-894-1230**  
**Fax: 508-894-1232**  
**[poakley@wbridgewater.com](mailto:poakley@wbridgewater.com)**

January 10, 2012

Dear Parents/Guardians:

Attached is an application for entrance to the West Bridgewater Public Schools for the 2012-2013 school year. Please complete the entire application, as well as the Request for Records page. **The following information is required when submitting the application:**

- \_\_\_\_\_ Copy of current report card  
(*Must accompany application*)
- \_\_\_\_\_ Academic Records  
(*Must accompany application*)
- \_\_\_\_\_ Discipline Records \*\* (*Must accompany application*)

*\*\* As stated in M.G.L. c.71, s.37L, a student transferring into a local system must provide the new school system with a complete school record of entering student. Said record shall include, but not be limited to any incidents involving suspension or violation of criminal acts or any incident reports in which such student was charged with any suspended act.*

- \_\_\_\_\_ I.E.P.  
(*If applicable ~ must accompany application*)

**Note:** *The West Bridgewater Public Schools **does not** provide transportation for school choice students. Daily transportation of your child is your responsibility.*

Applications may be mailed to Dr. Patricia Oakley, Superintendent of Schools, 2 Spring Street, West Bridgewater, MA 02379. **Please be advised applications must be submitted by 4:00 p.m. on February 24, 2012.** If the number of applications received exceeds the number of seats available, a lottery will be conducted.

If you have any questions, please do not hesitate to contact my office at 508-894-1230, ext. 118. Thank you for your interest in the West Bridgewater Public Schools.

Very truly yours,

*Patricia W. Oakley*  
Patricia W. Oakley, Ed. D.  
Superintendent of Schools

West Bridgewater Public Schools  
Spring Street School, 2 Spring Street  
West Bridgewater, MA 02379  
Phone: 508-894-1230, ext. 118  
www.wbridgewaterpublicschools.org



**Application for Enrollment Under the School Choice Law  
2012-2013 School Year**

*{Applications are due to the Superintendent by February 24, 2012}*

*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 accompany this application.)**  
(Name) (City/State)

**Public or Private:** \_\_\_\_\_ **Entrance Grade for September 2012:** \_\_\_\_\_ **Previous Grade:** \_\_\_\_\_

**Is student applicant currently on an I.E.P.?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**\*\* (Copy of current IEP 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):** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_  
**Parent/Guardian's Address:** \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_  
**Parent/Guardian's Address:** \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Is the student applying a sibling of a current West Bridgewater 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 West Bridgewater 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)**



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 Superintendent of Schools

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 poakley@wbridgewater.com

January 24, 2012

\_\_\_\_\_ has applied as a School Choice Student to the  
 (Name)

West Bridgewater Public Schools in Grade \_\_\_\_\_ for the 2012-2013 school year. In order to ascertain eligibility, please forward the following information to:

**Superintendent's Office  
 School Choice  
 West Bridgewater Public Schools  
 2 Spring Street  
 West Bridgewater, MA 02379**

_____ Copy of current report card (Must accompany application)	_____ Test Scores (MCAS)
_____ Academic Records (Must accompany application)	_____ Other
_____ Discipline Records ** (Must accompany application)	_____ I.E.P. If applicable ~ must accompany application)
_____ I.C.A.P. (if applicable)	_____ 504 Plan (if applicable)

\_\_\_\_\_  
 Signed

\_\_\_\_\_  
 Title

I hereby authorize release of all records requested.

\_\_\_\_\_  
 Signature of Parent or Guardian

*\*\*As stated in M.G.L. c.71, s.37L, a student transferring into a local system must provide the new school system with a complete school record of entering student. Said record shall include, but not be limited to any incidents involving suspension or violation of criminal acts or any incident reports in which such student was charged with any suspended act.*