



Uxbridge Public Schools

Office of the Superintendent
21 South Main Street • Uxbridge, MA 01569
Telephone (508) 278-8648 • Fax (508) 278-8612

George Zini
Superintendent of Schools

Donald R. Sawyer
Business Manager

Dear Parents/Guardians:

Attached is an application for entrance to the Uxbridge Public Schools. Please complete the entire application. In addition, the following information is required prior to reviewing your application:

- _____ Copy of current report card
(Must accompany application)
- _____ Copy of Academic Records
(Must accompany application)
- _____ Copy of Discipline Records
(Must accompany application)
- _____ Copy of Attendance Records
(Must accompany application)
- _____ Copy of I.E.P.
(If applicable ~ must accompany application)

Note: Uxbridge Public Schools **does not** provide transportation for school choice students and that daily transportation of your child is your responsibility.

Applications and records must be mailed to Mr. George Zini, Superintendent of Schools, 21 South Main Street, Uxbridge, MA 01569 or fax to: (508) 278-8612. Upon receipt of all documentation your application will be reviewed and you will be notified of the Superintendent's decision.

Please note that if your child is accepted under the School Choice program, 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 the 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."

If you have any questions, please do not hesitate to contact my office at 508-278-8648 x102. Thank you for your interest in the Uxbridge Public Schools.

Sincerely,

George Zini

Superintendent of Schools

UXBRIDGE PUBLIC SCHOOLS

Application for Enrollment Under School Choice Law

*Note: Submission of this form does not automatically guarantee acceptance into the School Choice Program
One Application Per Student Must Be Completed*

Please Print:

Student Name: _____ M _____ F _____
(Last) (First) (MI)

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: _____
(Name) (Address) (City, State, Zip)

Public or Private: _____ Entrance Grade: _____ Previous Grade: _____

Is student applicant currently on an I.E.P.? Yes _____ No _____

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): _____

Father's Name _____

Father's Address: _____
(Street) (City/Town) (State) (Zip)

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Email Address: _____

Mother's Name: _____

Mother's Address: _____
(Street) (City/Town) (State) (Zip)

Home Phone (____) _____ Cell Phone (____) _____ Work Phone: (____) _____

Email Address: _____

Is the student applying, a sibling of a current Uxbridge student? Yes _____ No _____

If so, name of student: _____

On the back of this form, please write a brief statement as to why you are requesting school choice into the Uxbridge Public School system.

I hereby certify the above information to be true and correct. I further certify that I will furnish Uxbridge Public Schools with all student records necessary to complete the 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)

Please write a brief statement as to why you are requesting school choice into the Uxbridge Public School system.