

**APPLICATION TO ATTEND
DENNIS-YARMOUTH REGIONAL SCHOOL DISTRICT
SCHOOL CHOICE PROGRAM**

Student Last Name _____ Student First Name _____
(Please Print)

SASID No. _____

Application for Attendance at:

(Name of School) (Grade) (Start Date)

Parent/Guardian Name _____

Address _____

P.O. Box _____

Town/City _____

Telephone _____

Date of Birth _____ Male _____ Female _____

School that Student is Currently Attending (or Last School Attended):

(Name of School) (Grade) (Dates Attended)

Is student presently receiving Special Education Services? Yes _____ No _____

If yes, please attach a copy of the Individualized Education Plan.

Is student presently receiving any of the services below?

- | | |
|---------------------------|-------------------------------------|
| a. Title I Services _____ | c. English Language Education _____ |
| b. Section 504 _____ | d. Curriculum Accommodations _____ |

Parent/Guardian Signature _____

Date _____

Principal's Recommendation _____

Please return to: Office of Superintendent of Schools
Dennis-Yarmouth Regional School District
296 Station Avenue
South Yarmouth, MA 02664

March 2016