

**DENNIS-YARMOUTH REGIONAL SCHOOL DISTRICT**  
**Within District School Choice Request**

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_  
(Please Print)

Request 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 \_\_\_\_\_

*\*Transportation is the responsibility of the parent/guardian.*

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

March 2016