UXBRIDGE PUBLIC SCHOOLS SCHOOL CHOICE PROGRAM GUIDELINES

-200

The School Choice Program allows students from Massachusetts' towns other than Uxbridge to attend the Uxbridge Public Schools. The School Choice Program is only available for non-residents, as determined by the Department of Education. Transportation to Uxbridge will be the responsibility of the parent. The number of students admitted will be based on space availability.

Applications and guidelines for School Choice may be obtained by contacting the office of the Superintendent of Schools, 21 South Main Street, Uxbridge, MA 01569, telephone: (508) 278-8648 or you may download the application and forms from the link below.

Completed applications for the School Choice Program will be accepted by the Superintendent of Schools via the U. S. Postal Service, other mail delivery service or fax to: (508) 278-8612. Emails will not be accepted. Applications should be addressed to:

Superintendent of Schools Uxbridge Public Schools 21 South Main Street Uxbridge, MA 01569

Students accepted (contingent upon receipt of all records, i.e. report cards, IEP, MCAS, discipline report) by the Uxbridge Public Schools will be notified with a written confirmation. Parents must make a commitment, in writing, to accept placement when notified by the Uxbridge Public Schools no more than two (2) weeks after receiving their written confirmation.

Students accepted for the School Choice program who meet federal guidelines for free or reduced price lunch are also eligible for free or reduced lunch. Information can be obtained from the Food Service Director at (508) 278-8648.

Click Here to Download the School Choice Application and Forms



Public Schools

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

> Donald R. Sawyer Business Manager

Dear Parents/Guardians:

Attached is a application. I	n application for entrance to the Uxbridge Public Schools. Please complete the entire in addition, the following information is required prior to reviewing your application:
	Copy of current report card
	Copy of Academic Records
	Copy of Discipline Records
	Copy of Attendance Records
	Copy of I.E.P. (If applicable)
	Proof of Residency (one of the following: copy of current lease, copy of mortgage agreement or copy of HUD lease or other housing lease <u>and</u> record of most recent rental payment)
Note: Uxhrid	oe Public Schools does not provide transportation for school choice students and that

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 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.

Kevin M. Carney

Superintendent of Schools

The Uxbridge Public Schools ensures equal employment and educational opportunities for its employees and students and does not discriminate on the basis of race, color, creed, national origin, sex, gender identity, disability, or sexual orientation in compliance with Title VI, Title IX, section 504/ADA and G.L. c 151b and 157c.

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:	•				3.5	-	
student Name:					M	F	-
(Last)		(First))	(MI)			
Current Address:							-
	(Street)	(City/	Town)	(State)	(Zip)	
Date of Birth:		Pla	ce of Rivth:				
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	(MIOHITY D	ay/ lear)	(r rease men	iac a copy	Of the Di		
is Applicant a State V	/ard? Yes _	No					
Current School:							_
	(Name)		(Address)		(City, Sta	te, Zip)	
Public or Private:	En	trance Grade:	Previou	s Grade: .			
Is student applicant o							
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Primary Language S _l	poken at Ho	meDo	≥s student re	ceive LEP	services	? YesI	No_
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Has student applican							
If yes, explain in det	ail (use rev	erse side):					
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Father's Name							—
father's Address:	(Street)	(City/Town)	(Sta	te)		(Zip)	
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Home Phone ()		Cell Phone ())	Wo	rk Phone	<u></u>	
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Email Address:							
Mother's Name:							
Mother's Address: _	404 45	(C) (154-1	(-)		72-1	
	(Street)	(City/Town)	(Stat	(e)	•	Zip)	
Home Phone ()_		Cell Phone (Work	Phone: (
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Email Address:				· · · · · · · · · · · · · · · · · · ·			
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Is the student applyi	ng, a sibiin	ig of a current uxbr	iage student	ries	. NO		
If so, name of studer	-4 •						
II 50, Italiie of Studes							
On the back of this f	orm. pleaso	e write a brief state	ment as to w	hy you are	e requesti	ing school	1
choice into the Uxbri	idge Public	School system.		• •	-		
	_						
I hereby certify the abov	e information	n to be true and correc	t. I further cert	ify that I wi	ill furnish b	Uxbridge P	ubli
Schools with all student	records nece	essary to complete the r	egistration (i.e.	: birth certi	ficate, imm	unization 1	reco
academic records, most	current repor	rt card, discipline reco	rds, MCAS, cur	rent IEP, 5	04 Plan). A	l <i>cceptance</i> :	is
contingent upon receipt							
Date:	Sia	nature:			(<i>P</i> a	rent/Guard	lian

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