

Swift River School
201 Wendell Rd.
New Salem, MA 01355 - 9525
(978) 544-6926
Sheila Hunter, Principal

School Choice Application 2009 - 2010

Please complete the following application
and return it to the Swift River School office.

Student:

Last Name: _____ First Name: _____

Middle Name (or Initial): _____ Date of Birth (M/D/Y) _____

Current Address:

Street:

_____ City/State/Zip: _____

Parent-Guardian:

Name: _____

Home Phone: _____ Work phone: _____

Last School Attended:

_____ City/Town/State: _____

Grade student will be entering: _____

Why do you wish to enroll your child in Swift River School?

Does your child receive any Support Services? _____

If yes, please indicate.

___ IEP (Reading ___; Writing ___; Math ___; OT ___; PT ___; Counseling ___;

Speech & Language _____)

___ 504 Accommodation Plan

___ Title I

Please list the names of any siblings currently enrolled in Swift River School:

Would you like your name given to other residents of your town for carpooling purposes?

Yes: _____

No: _____

Parent/Guardian Signature: _____

Date: _____

Future Wendell/New Salem address (if applicable):

****Please notify the Principal's Office of any address change during the school year. ****

Swift River School is committed to ensuring that no student is denied access to any educational program or other activity of the Swift River School for reason of race, color, national origin, religion, creed, age, handicap, gender, sexual orientation or homeless status.

*****OFFICE USE ONLY*****

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