

IPSWICH PUBLIC SCHOOLS
Office of the Superintendent
Ipswich, Massachusetts 01938

NONRESIDENT STUDENT
APPLICATION FOR SCHOOL CHOICE-SCHOOL YEAR 2017-2018

Applicant's name: _____
(First) (Middle) (Last)

Date of Birth: _____ Place of Birth: _____

Gender: _____ Last Grade Completed: _____ Current Grade: _____

Grade to which enrollment is requested: _____ Expected starting date _____

Present school name and address: _____

Present School Telephone: () _____

Names and ages of siblings under the age of twenty: _____

Home Address: _____ Home Telephone: () _____

Father's Name: _____ Daytime Phone: () _____

Mother's Name: _____ Daytime Phone: () _____

Signature of Parent(s): _____ Date: _____

_____ Date: _____

PLEASE RETURN THIS FORM TO:
Superintendent of Schools, One Lord Square, Ipswich, MA 01938

<p><i>For Office Use Only:</i></p> <p>Student's LASID #: _____</p> <p>Student's SASID #: _____</p>
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