

Ipswich Public Schools
Office of the Superintendent
Ipswich, MA 01938

School Choice: Nonresident Student Application
2019-2020

Applicant Name: _____
First Middle Last

Please check which grade to which enrollment is requested:			
___ Kindergarten	___ Grade 1	___ Grade 2	___ Grade 3
___ Grade 4	___ Grade 5	___ Grade 6	___ Grade 7
___ Grade 8	___ Grade 9	___ Grade 10	___ Grade 11
___ Grade 12	Expected Start Date: _____		

Please complete the following information:

Date of Birth: _____ **Place of Birth:** _____

Last Grade Completed: _____ **Current Grade:** _____

Current School Name, Address and Phone Number:

Home Address:

Parent Name: _____ **Phone:** _____

Parent Name: _____ **Phone:** _____

Primary Email: _____

Name and Age of Siblings: _____

Parent Signature: _____ **Date:** _____