



FALMOUTH PUBLIC SCHOOLS

2022-2023 School Choice Application

PLEASE COMPLETE THIS FORM IF YOU ARE A NON FALMOUTH RESIDENT STUDENT SEEKING ADMISSION INTO FALMOUTH PUBLIC SCHOOLS

GRADE SELECTION

K: ____ 1: ____ 2: ____ 3: ____ 4: ____ 5: ____ 6: ____ 7: ____ 8: ____ 9: ____ 10: ____ 11: ____

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

Town of Residence: _____

Siblings Attending Falmouth Public Schools (Y/N): _____

CONTACT INFORMATION

Parent/Guardian Name (s): _____

Residential Address: _____

Mailing Address: _____

Home Phone #: _____ Work/Cell #: _____

Email Address: _____

Falmouth Public Schools welcomes students from outside of the district to apply for admission. The Falmouth Public Schools does not discriminate against any person because of race, color, gender identity, religion, marital status, nation of origin, age, disability, sexual orientation or any other class protected by federal, state or local law.

ADDITIONAL INFORMATION

Is the student receiving Special Education Services? Yes ____ No ____ Is the student presently receiving Title 1 Services? Yes ____ No ____

Is the student in need of ELL Services? Yes ____ No ____ Does the student have a 504 Accommodation? Yes ____ No ____

Has the student been suspended from school? Yes ____ No ____ Has the student been expelled from school? Yes ____ No ____

Is the student on an Individualized Health Care Plan (IHCP)? Yes ____ No ____

Please attach copies of the following documents. Applications received without these documents will not be considered complete:

- 1. Last school report card 2. If Applicable: School Discipline Sheet 3. If applicable: Copy of IEP, 504, or IHCP.

How did you hear about the School Choice Program in the Falmouth Public Schools? _____

Why are you interested in attending the Falmouth Public Schools? _____

Note: Transportation of School Choice students is the responsibility of the Parent/Guardian. School bus service for students living outside of Falmouth is not available.

DECLARATION

I declare under penalty of perjury that I have read the above statements and information provided by me that such statements and information are true and complete to the best of my knowledge.

Type or print name

Signature

Date

*Please return application to:
Office of Student Services Falmouth Public Schools
340 Teaticket Hwy., East Falmouth, MA 02536*