



West Bridgewater Public Schools
Spring Street School, 2 Spring Street
West Bridgewater, MA 02379
508-894-1230, ext. 118
508-894-1232 Fax
www.wbridgewaterschools.com

Patricia W. Oakley, Ed. D.
Superintendent of Schools
poakley@wbridgewater.com

January 15, 2008

_____ has applied as a School Choice Student to the
(Name)

West Bridgewater Public Schools in Grade _____ for the 2008-2009 school year. In order to ascertain
eligibility, please forward the following information to:

Superintendent's Office
School Choice
West Bridgewater Public Schools
2 Spring Street
West Bridgewater, MA 02379

_____ Copy of current report card
(Must accompany application)

_____ Test Scores (MCAS)

_____ Academic Records
(Must accompany application)

_____ Other

_____ Discipline Records **
(Must accompany application)

_____ I.E.P.
If applicable ~ must accompany application)

_____ I.C.A.P. (if applicable)

_____ 504 Plan (if applicable)

Signed

Title

I hereby authorize release of all records requested.

Signature of Parent or Guardian

***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 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.*