

Dear Parents/Guardians:

The Oxford Public Schools has a very limited number of seats available to students from surrounding communities wishing to attend NJROTC program at Oxford High School as Cadets (Grades 9, 10, 11 only).

Attached is an application for entrance to the NJROTC program at Oxford Public Schools. Please complete the entire application. Application submission period for open slots will <u>close on May 31, 2019</u> for the 2019-2020 School Year. In addition, the following information is required prior to reviewing your application:

Copy of current report card (Must accompany application)
Copy of academic records (Must accompany application)
Copy of discipline records (Must accompany application)
Copy of attendance records (Must accompany application)
 Copy of I.E.P. and/or 504 Plan (If applicable - must accompany application)

Note: Oxford Public Schools **does not** provide transportation for school choice students and that daily transportation of your child is your responsibility.

Applications and records must be mailed to Dr. Elizabeth Zielinski, Superintendent of Schools, 4 Maple Road, Oxford, MA 01540 or faxed to: (508) 987-6054. Upon receipt of all documentation your application will be reviewed and you will be notified of the Superintendent's decision.

If more applications are received than there are open slots, a lottery will be held, and a waiting list will be created. All applicants will be informed of this action.

Please note that if your child is accepted into the NJROTC program under the School Choice program, 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 the 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."

If you have any questions, please do not hesitate to contact my office at 508-987-6050.

Thank you for your interest in the Oxford Public Schools.

Sincerely,

Dr. Elizabeth Zielinski Superintendent of Schools

OXFORD PUBLIC SCHOOLS Application for Enrollment Under School Choice Law

Note: Submission of this form does not automatically guarantee acceptance into the School Choice Program One Application Per Student Must Be Completed

Please Print ______M _____F__ Student Name: (First) (MI) (Last) Current Address: ____ (City/Town) (State) (Zip) Date of Birth: _ _____ Place of Birth: _ (Month/Day/Year) (Please include a copy of birth certificate) Is Applicant a State Ward? Yes _____ No ____ Current School: ______(Name) (Address) (City,State,Zip) Public or Private: _____ Entrance Grade: _____ Previous Grade: _____ Is student applicant currently on an I.E.P? Yes ______ No _____ Primary Language Spoken at Home ______ Does student receive LEP services? Yes_____ No___ Has student applicant ever been suspended or expelled from school? Yes ______ No _____ If yes, explained in detail: (use reverse side): Father's Name ____ Father's Address: (Street) (City/Town) (State) (Zip) Home Phone () Cell Phone () Email Address: Mother's Name ____ Mother's Address: ____ (State) (Street) (City/Town) (Zip) Home Phone () Work Phone () Cell Phone () **Email Address:** Is the student applying a sibling of a current Oxford student? Yes _____No _____ If so, name of student: On the back of this form, please write a brief statement as to why you are requesting school choice into the Oxford Public School system. I hereby certify the above information to be true and correct. I further certify that I will furnish Oxford Public Schools with all student records necessary to complete the registration (i.e.: birth certificate, immunization record, academic records, most current report card, discipline records, MCAS, current IEP, 504 Plan). Acceptance is contingent upon receipt of all records. Date: _____ Signature of Parent/Guardian: _____