



**Superintendent of Schools**  
94 North Elm Street, Suite 201  
Westfield, MA 01085  
Telephone: (413) 572-6403  
Fax: (413) 572-6518

**Mr. Stefan Czapowski**  
**Superintendent of Schools**

**School Choice Application 2018-2019**

On April 2, 2018, the Westfield School Committee voted to accept School Choice applications for students interested in attending the Westfield Public Schools under the Massachusetts General Law, Chapter 76, Section 12B. Bus Transportation is **NOT** available to School Choice students.

The Westfield Public Schools will accept school choice students in the following grades: 5-6, 7-8, and 9-12 Westfield High School.

\_\_\_\_\_  
Applying for Grade

\_\_\_\_\_  
Today's Date

**STUDENT INFORMATION:**

Student's Name: \_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle Initial

Address: \_\_\_\_\_  
Street City/Town State Zip Code

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School currently attending: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Please select school applying for:  Grade 5-6 School  Grade 7-8 School  Westfield High School

Why do you wish to enroll your child in Westfield Public Schools? \_\_\_\_\_

Has your child been suspended or expelled in the last 2 years?  Yes  No  
If yes, when: \_\_\_\_\_ From what school: \_\_\_\_\_

Reason: \_\_\_\_\_

Do you have another child attending Westfield Schools through School Choice?  Yes  No  
Name of student: \_\_\_\_\_ School: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION**

Parent/Legal Guardian #1: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Legal Guardian #2: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below, I certify that the above information is accurate and I understand any false statement or omissions may disqualify the applicant for consideration for enrollment and may be justification for immediate dismissal. Acceptance does not ensure enrollment. School Choice enrollment will not be finalized until all required forms and records (including health & academic records) have been received and reviewed (in accordance with MGS c71, §37L) from school for my child for the duration they are enrolled as School of Choice students, if accepted. I understand my child will not be eligible for consideration if he or she has been expelled from any other school.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Return application to: Superintendent's Office, 94 North Elm Street, Suite 101, Westfield, MA 01085**