



# FALMOUTH PUBLIC SCHOOLS

## 2024-2025 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, sex, sexual orientation, gender identity, disability, pregnancy or pregnancy related condition, active marital status, familial status, genetic information, ancestry, national origin, ethnic background, immigration status, English language proficiency, religion, military/veteran status, homeless status, age, or any other category protected by state or federal law. (\*race includes traits historically associated with race, including, but not limited to, hair texture, hair type, hair length, and protective hairstyles.)

### ADDITIONAL INFORMATION

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

Please provide any additional information you would like to share with us in the space below:

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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 the Superintendent, Falmouth Public Schools , 340 Teaticket Hwy., East Falmouth, MA 02536**

**(508) 548-0151 x 137 [sreid@falmouth.k12.ma.us](mailto:sreid@falmouth.k12.ma.us)**