

TRURO CENTRAL SCHOOL
317 Route 6 - POB 2029, Truro, MA 02666

SCHOOL CHOICE APPLICATION
for 2019-2020 SCHOOL YEAR

Student's Name: _____

Parent's/Guardian's Name: _____

Address: _____

Home Phone: _____ Parent/Guardian work Phone: _____

Date of Birth: _____

Current School Grade: _____ School Currently attending: _____

School Address: _____

Grade in Truro to which you are Applying for Entrance: _____

Expected enrollment date: _____

Is student receiving special education services? _____ Yes _____ No

Are you a family moving out of the School District and requesting Continued Placement in the Truro Schools?
Yes _____ No _____

Date of relocation: _____

Address of New Residence: _____

What attracted you to the Truro schools? _____

Parent Signature: _____ Date: _____

Please mail or return to: Robert Beaudet, Principal
Truro Central School
POB 2029
Truro, MA 02666
Phone: 508-487-1558