

ASSABET

DO. MORE.

215 Fitchburg Street,
Marlborough, MA 01752-1288
(508) 485-9430, ext. 1250

Application for Admission 2022-2023

- Fill out the front and back of the first page of this application.
- Parents **and** students fill out the signature box on page three allowing Assabet to ask for school records from the sending school.
- Return or submit an application to Assabet by January 15, 2023.
- Interviews will be scheduled during February and March.
- Return or submit Student Recommendation Form to Assabet prior to the scheduled interview.
- Application materials received after January 15th will be processed as outlined in the admission policy.

APPLICANT INFORMATION - Please PRINT clearly

NAME: LAST _____ FIRST _____ MIDDLE _____

STREET ADDRESS _____ APARTMENT # _____

CITY/TOWN _____ ZIP _____ PHONE _____

DATE OF BIRTH (mo/day/yr) _____ CURRENT SCHOOL _____

CURRENT GRADE _____ GRADE APPLYING FOR _____

PARENT/GUARDIAN INFORMATION-Please PRINT clearly

FULL NAME

STREET ADDRESS _____ APARTMENT # _____

CITY/TOWN _____ ZIP _____ EMAIL _____

HOME PHONE _____ WORK OR CELL PHONE _____

If discovered that the residential information provided for this applicant is not consistent or accurate, the application can be rescinded. I hereby certify under the pains and penalties of perjury that the information provided above is accurate and true.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

VOLUNTARY INFORMATION SECTION

The information requested in this section is not required for admission. Submission of the information is entirely voluntary and will not affect the applicant's admission to the school. The information, if supplied, will be used for monitoring equal educational opportunity in the school district. We will provide reasonable accommodations to students with disabilities or students with limited English proficiency during the application process.

1. Are you Hispanic or Latino? (*Select only one*)
 No, not Hispanic or Latino
 Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your race? (*You may select one or more races*)
 - (1) White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - (2) Black or African American: a person having origins in any of the black racial groups of Africa.
 - (3) Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - (4) American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
 - (5) Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

3. Are you receiving special education services? Yes _____ No _____
If yes, do you need accommodations during the application process? Yes _____ No _____

4. Are you receiving services under a 504 accommodation plan? Yes _____ No _____
If yes, do you need accommodations during the application process? Yes _____ No _____
If yes, please describe _____

5. Language spoken at home _____
Do you need language assistance during the application process? Yes _____ No _____

6. Check all that apply to you: Title I _____ Foster Placement _____ State Ward _____ Medicaid Eligible _____

7. Gender: Male _____ Female _____ Non-Binary _____

8. City, state and country of birth: _____

Assabet Valley Regional Technical High School does not discriminate on the basis of race, color, sex, religion, age, national origin, ethnicity, sexual orientation, genetic information, gender identity, disability, marital status, veteran's status, or homeless status. Equal Opportunity applies to all areas of service, programs, activities, and employment. These assurances are made in compliance with applicable federal, state, and local laws.

SIGNATURE SECTION

I understand that my child is submitting an application for admission to Assabet. The statement and information furnished by the undersigned in this application form are true and complete. The undersigned applicant's parent(s)/guardian(s) give permission for representatives of the sending school to release the applicant's records including all health, discipline, academic, (including transcripts, grades, standardized testing, MCAS results, Special Education Assessments, and IEP, LEP, and Title 1 information), attendance and other pertinent information concerning my child. This agreement is valid throughout the 2022-2023 school year.

Our signatures certify that we have read and agree with the above statements.

APPLICANT SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Required Student Recommendation Form

- Return or submit the Student Recommendation Form to Assabet prior to your interview. *Please note if the Student Recommendation Form is not submitted prior, this will result in the cancellation of the interview.*
- Applicants must submit a letter of recommendation. A form is provided with the application. The recommendation may be written by a counselor, teacher, advisor, coach, or community member.
- The form can be submitted to Assabet via email at admissions@assabet.org, by fax at 508-303-8493, or sent in the mail to the attention of the Admissions Committee at Assabet 215 Fitchburg Street, Marlborough, MA 01752.
- Application materials received after January 15th will be processed as outlined in the admissions policy.
- Please call 508-485-9430 x1250 with any questions.

Applicant's Name	Person Completing Form	How long have you known the applicant?	Relationship to the applicant?

Please list three strengths that the applicant demonstrates.

Why would this student benefit from attending Assabet?

Additional information you would like to share with us.

The statement and information furnished by the undersigned in this letter of recommendation form are true and complete.

Signature _____

Date _____

Please print name _____

Telephone Number _____ E-Mail _____