

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

Application for Admission 2023-2024

- 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, 2024.
- Interviews will be scheduled during February and March.
- Return or submit the Student Recommendation Form attached to this application 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 _______

or accurate, the application can be rescinded. I hereby certify under the pains and penalties

PARENT/GUARDIAN SIGNATURE DATE

of perjury that the information provided above is accurate and true.



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.
 What is your race? (You may select one or more races) White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Black or African American: a person having origins in any of the black racial groups of Africa. 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. 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. 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
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 2023-2024 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 this 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.
- This form may be completed 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?		
L	Please list three stren	Please list three strengths that the applicant demonstrates.				
	Why would this stud	Why would this student benefit from attending Assabet?				
		on you would like to share				
The	statement and information furnis	hed by the undersigned in this le	etter of recommendation form o	are true and complete.		
	Signature		Date			
	Please print name					
	Telephone Number	E-	Mail			