

EXCEL - LEARNING FOR LIFE

www.bridge-rayn.org

BRIDGEWATER-RAYNHAM REGIONAL SCHOOL DISTRICT

415 Center Street, Bridgewater, MA 02324 (508) 697-6902

Dear Parents, Guardians and Students,

Please go to www.bridge-rayn.org to register for the EXCEL Program. Select "**Quick Links**" 2018-19 New Student Registration and skip to **STEP 2** to register online. If you have questions regarding the registration process, please call **Central Registration at 508-279-2140 X139**. The following items are needed in order to enroll in the Excel Program:

- Completed EXCEL Registration Packet (available online)
- Withdrawal Forms
- MCAS Scores
- Transcripts
- Grades to Date
- Attendance Report
- Discipline Report
- IEP/504
- Fee of \$300 (per semester)

Sincerely,

Dean Guasconi

Director

dguasconi@bridge-rayn.org

Cost of Program: \$300 per semester

Payment received: Date _____ Cash _____ Check/Money Order _____ Online Payment _____

- NOTE:**
1. All fees must be paid before entering a course, unless a financial arrangement has been made with the Director. Make checks payable to **B.R.R.S.D.** Any payments over \$100 must be paid with a **money order** or you may **go online** to the website www.bridge-rayn.org and pay by credit card.
 2. All fees are **NON-REFUNDABLE** unless the class is discontinued due to insufficient enrollment.
 3. All rules and regulations not specifically addressed by the Alternative High School Program fall under the policies of the Bridgewater-Raynham Regional School District. Discipline problems may result in the student being dismissed from the program.

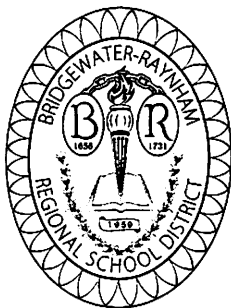
PRINT NAME: _____ SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE (if under 18): _____

BRIDGEWATER-RAYNHAM REGIONAL SCHOOL DISTRICT

166 Mt. Prospect Street, Bridgewater, MA 02324
508-279-2140

Derek J. Swenson
Superintendent of Schools
Ryan Powers
Assistant Superintendent
Kathleen Macedo
Director of Business Services



Paul Tzovolos Jr.
Director of Special Education
Mary E. Gormley
Human Resources Manager

Student Record Request Form

I hereby grant permission for the:

(NAME OF SCHOOL STUDENT IS COMING FROM)

(SCHOOL'S ADDRESS)

(TOWN/CITY/ZIP CODE)

(PHONE NUMBER)

(FAX NUMBER)

and its personnel to release to:

EXCEL ALTERNATIVE PROGRAM - ATTN: Dean Guasconi
Bridgewater-Raynham Regional High School, 415 Center Street, Bridgewater, MA 02324

Phone No. (508) 697-6902
Fax No. (508) 279-6208

the following required documents for enrollment:

****NOTE: PLEASE INCLUDE DISCIPLINE REPORT****

Academic Transcript
Grades to Date
Discipline Report
Birth Certificate

MCAS Results
Testing Results (if applicable)
Speech and Hearing Test (if applicable)
Health Records

I.E.P. (if applicable)
504 Plan (if applicable)
I.C.A.P. (if applicable)
Social Work, Adjustment
Psychological Test Results (if applicable)

Concerning: _____
(student name)

Date of Birth: _____

Signature: _____
(parent/guardian name)

Date: _____

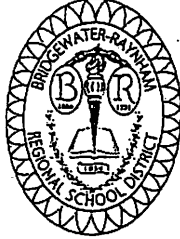
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Derek J. Swenson
Superintendent

Ryan T. Powers
Assistant Superintendent

Kathleen A. Macedo
Director of Business Services



Carla R. Thomas
Director of Student Services

Mary E. Gormley
Human Resources Manager

Thomas J. Connolly
District Treasurer

State and federal law require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

First Name _____ Middle Name _____ Last Name _____ Gender F M
 Country of Birth _____ Date of Birth (mm/dd/yyyy) _____ Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____

School Information

Start Date in New School _____ / _____ /20 _____ Name of Former School and Town _____ Current Grade _____

Questions for Parents/Guardians

What is the native language(s) of each parent/guardian? (circle one) _____ (mother /father /guardian) _____ (mother/ father / guardian)	Which language(s) are spoken with your child?(include relatives -grandparents, uncles, aunts,etc. - and caregivers) _____ seldom / sometimes /often /always _____ seldom / sometimes /often /always
What language did your child first understand and speak?	Which language do you use most with your child?
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	Which languages does your child use? (circle one) _____ seldom /sometimes /often /always _____ seldom /sometimes/often/always
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/Guardian Signature: X	_____ / _____ /20 Today's Date (mm/dd/yyyy)