

BRIDGEWATER-RAYNHAM REGIONAL ALTERNATIVE HIGH SCHOOL

415 CENTER STREET
BRIDGEWATER, MA. 02324
R .William Barber (508) 697-6902 Ext. 11152
FAX (508) 279-2110

Alternative School Application Form

Date: _____

SEMESTER: Fall _____

Spring _____

Summer _____

Student's Name: _____ Phone: _____ DOB: _____

Address: _____ Town: _____ Zip: _____

Parent/Guardian: _____ Town: _____ Zip: _____

Address (if different): _____ Town: _____ Zip: _____

Phone (Home): _____ Phone (Work): _____

Courses will be assigned by the counselor based on courses needed and/or offered.

MCAS Scores: ELA _____ MATH _____ Have not taken _____

High School you last attended: _____

Last grade completed before attending Excel: _____

List any alternative or evening programs you have attended: _____

Dates attended: _____

Fee: \$300 per semester Cash: _____ Check (Made out to BRRSD): _____
\$500 out of district student (plus books if necessary)

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.
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 _____ Signature: _____