

HARTFORD REGION OPEN CHOICE PROGRAM

January 2016

Dear Open Choice Parent/Guardian:

Each year, in order to help keep your children in the same district, the Open Choice office makes an extra effort to request seats for new siblings applying to the Open Choice program.

We would like to gather information on new siblings so we can confirm that a RSCO application has been submitted and that it has been completed correctly in order to receive a sibling preference.

Siblings

Siblings are defined as students living in the same household and sharing at least one biological parent, legal guardian or foster family. Although siblings receive preference for the same district, placement is dependent on seat availability and is not guaranteed.

Sibling Preference

Sibling preference applies to families of a current student who will be returning to their Open Choice district for the 2016-2017 school year and who have selected the current student's district as their first choice on the application.

Please Note:

- All current families, who desire an Open Choice placement, must submit a RSCO lottery application by January 29, 2016 at www.choiceeducation.org.
- If the sibling receives a placement offer, you must follow all RSCO instructions and respond by the deadline or the student will not be allowed to be enrolled.

If you have applied or plan to submit a RSCO application for Open Choice, please complete the enclosed form by Friday, January 29, 2016 and return it by fax to (860) 509-3653 or email to openchoice@crec.org. If you have any questions, please call us at 860-524-4010 or openchoice@crec.org.

Sincerely,

David Daye Managing Director, Open Choice Program **8**860.524.4017 | **8**860.509.3653



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Please complete this form by Friday, January 29, 2016 and return it by fax to (860) 509-3653 or email to openchoice@crec.org.

PLEASE PRINT

CURRENT OPEN CHOICE STUDENT(S)	
Current Student's Name:	
Current Grade: District:	School:
Will this student return next year? Yes No	
Current Student's Name:	
Current Grade: District:	School:
Will this student return next year? Yes No	·
Current Student's Name:	
Current Grade: District:	School:
Will this student return next year? Yes No)
NEW SIBLING(S)	
Sibling Applicant Name:	
Grade in August 2016:	DOB://
Are you interested in applying for the same district as the current student(s)? Yes No	
Sibling Applicant Name:	
Grade in August 2016:	DOB://
Are you interested in applying for the same district as the current student(s)? Yes No	
Sibling Applicant Name:	
Grade in August 2016:	DOB: / /
Are you interested in applying for the same district as the current student? Yes No	
PARENTS/GUARDIAN	
Parent/Guardian 1:	Phone Number 1:
Parent/Guardian 2:	
Street Address, City:	