EASTHAMPTON PUBLIC SCHOOLS
Easthampton, Massachusetts
APPLICATION FOR ADMISSION TO EASTHAMPTON PUBLIC SCHOOLS
SCHOOL CHOICE PROGRAM
2016-2017

The Easthampton School Committee, at its meeting April 17, 2016 voted to accept applications from students interested in attending the Easthampton Public Schools. The number of openings per grade level is still to be determined.

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Grade Level 2016-2017

IS THE APPLICANT THE SIBLING OF A STUDENT CURRENTLY ENROLLED IN THE SCHOOL CHOICE PROGRAM AND WHO WILL REMAIN IN THE SCHOOL CHOICE PROGRAM FOR THE 2016-2017 SCHOOL YEAR?
If yes, please complete:
Name of Sibling_____
School of Sibling_____
Grade of Sibling_____

___**Please check here if the applicant has an IEP. If checked a copy of the current IEP must be attached to the application**.
High School students must submit a copy of transcripts and elementary or middle school students must submit a copy of most recent report card.

Student
Name:_____
Last First Middle

Address:_____
Street City State/Zip

Telephone #_____ Date of Birth_____ _____
(MM/DD/YY) Gender

Parent/Guardian_____
Last First Middle

Address_____
Street City State/Zip

_____ _____ _____
Student's Signature Parent's Signature Date

PLEASE RETURN THIS FORM TO:

Office of the Superintendent
SCHOOL CHOICE: Attn: Lynn Moran
Easthampton Public Schools
50 Payson Avenue 2nd Floor
Easthampton, Massachusetts 01027

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(School Department Use Only)

_____ _____ _____
Principal's Signature of Approval Date Date Student Enrolled