

EASTHAMPTON PUBLIC SCHOOLS  
SCHOOL CHOICE  
50 Payson Avenue  
Easthampton, MA 01027  
Phone: 413-529-1500 ext. 123 Fax: 413-529-1567

## SCHOOL CHOICE GUIDELINES

PLEASE KEEP FOR YOUR REFERENCE

According to Mass General Law, all school-age children who live in Massachusetts are entitled to attend a public school free of charge and all children between the ages of 6 and 16 must attend school. Most children attend school in their home district, the school district in which they reside. The School Choice Program which Easthampton Public Schools (EPS) participates in allows parents the opportunity to have their children attend our schools while residing in a surrounding town. As a parent of a student applying to the School Choice Program, I understand and agree to the following guidelines:

There are a limited number of School Choice seats and participation in the School Choice Program is determined by the Easthampton School Committee's annual vote.

An Application is required for each student applying.

Applications from siblings of students already enrolled in Easthampton Public Schools under the School Choice program and who will remain in the School Choice program during that school year will, by law, receive priority in placement. Such students will be accepted first, IF space is available in the grade they are seeking. If there are more applicants than the number of seats, a random drawing will be conducted among them to determine placement.

Once siblings have been placed, the remaining vacancies will be filled by a random drawing.

Should the number of applications exceed the number of vacancies, all applicants not accepted will be randomly selected and placed, in the order of their selection, on a waitlist.

Parents will receive a Notice of Acceptance via mail, which must be signed and returned to the School Choice Coordinator.

Your home district does not have to approve your child's application for admission to EPS.

If your child is accepted into the program, the student is entitled to attend EPS through high school graduation, if continuously enrolled. School Choice Students who withdraw from Easthampton Public Schools will also be withdrawn from the School Choice Program.

Students currently receiving Special Education Services will be required to provide a current IEP during Enrollment.

Bus Transportation is not available for School Choice students. Therefore, it is your responsibility to provide daily transportation and to ensure students arrive at school on time and are promptly picked up after school. School Choice students may fully participate in all school activities including after school programming and are subject to the same rules, guidelines and Codes of Conduct as resident students.

Students accepted into the School Choice Program must be REGISTERED in Easthampton Public Schools. For information on registration requirements please contact Ivelisse Lozada at 413-529-1500x123.

Former residents of the Easthampton Public School District who move out of town but wish to have their children remain as students in Easthampton Schools do not have a unique claim to the seats their children vacated and must apply as any other non-resident.

EASTHAMPTON PUBLIC SCHOOLS  
Easthampton, Massachusetts  
APPLICATION FOR ADMISSION TO EASTHAMPTON PUBLIC SCHOOLS  
SCHOOL CHOICE PROGRAM  
2024-2025

The Easthampton School Committee voted to accept applications from students interested in attending the Easthampton Public Schools.

IS THE APPLICANT THE SIBLING OF A STUDENT CURRENTLY ENROLLED IN THE EPS SCHOOL CHOICE PROGRAM AND WHO WILL REMAIN IN THE EPS SCHOOL CHOICE PROGRAM FOR THE 2024-2025 SCHOOL YEAR?

If yes, please complete:

\_\_\_\_\_  
Grade Level 2024-2025

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 \_\_\_\_\_  
City State/Zip Street

\_\_\_\_\_  
Student's Signature Parent's Signature Date

PLEASE RETURN THIS FORM TO:

Office of the Superintendent SCHOOL  
CHOICE: Attn: Ivelisse Lozada  
Easthampton Public Schools  
50 Payson Avenue 2<sup>nd</sup> Floor  
Easthampton, Massachusetts 01027

\*\*\*\*\* (School Department Use Only) \*\*\*\*\*

\_\_\_\_\_  
Principal's Signature of Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Student Enrolled