

**EASTHAMPTON PUBLIC SCHOOLS**  
**Easthampton, Massachusetts**  
**APPLICATION FOR ADMISSION TO EASTHAMPTON PUBLIC SCHOOLS**  
**SCHOOL CHOICE PROGRAM**  
**2019-2020**

The Easthampton School Committee, at its meeting March 12, 2019 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 SCHOOL CHOICE PROGRAM AND WHO WILL REMAIN IN THE SCHOOL CHOICE PROGRAM FOR THE 2019-2020 SCHOOL YEAR?

If yes, please complete:

\_\_\_\_\_ Grade Level 2019-2020

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 \_\_\_\_\_ Gender \_\_\_\_\_  
(MM/DD/YY)

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 2<sup>nd</sup> Floor**  
**Easthampton, Massachusetts 01027**

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(School Department Use Only)

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

\_\_\_\_\_ Date

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