

EASTHAMPTON PUBLIC SCHOOLS
Easthampton, Massachusetts
APPLICATION FOR ADMISSION TO EASTHAMPTON PUBLIC SCHOOLS
SCHOOL CHOICE PROGRAM
2020-2021

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 SCHOOL CHOICE PROGRAM AND WHO WILL REMAIN IN THE SCHOOL CHOICE PROGRAM FOR THE 2020-2021 SCHOOL YEAR?

If yes, please complete:

Grade Level 2020-2021

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

(School Department Use Only)

Principal's Signature of Approval

Date

Date Student Enrolled