

SCHOOL CHOICE APPLICATION 2012-2013

Amherst Elementary Schools <input style="float: right; margin-left: 20px;" type="checkbox"/>	Pelham Elementary School <input style="float: right; margin-left: 20px;" type="checkbox"/>	Amherst- Pelham Regional MS & HS <input style="float: right; margin-left: 20px;" type="checkbox"/>
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STUDENT IDENTIFICATION INFORMATION:

Student's Full Name: _____

Date of Birth: _____ (month/day/year)

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

CONTACT INFORMATION:

Home address of Student:

Address of Parent/Guardian (if different)

Phone: _____ Email: _____

CURRENT SCHOOL INFORMATION:

Name and address of current school:

What grade will the student be entering for the 2012-2013 school year? _____

Does this student currently have a sibling attending any of the Amherst, Pelham or Amherst-Pelham Regional Schools or applying for School Choice? _____

If so please list the sibling(s) name: _____

What school is the sibling currently attending? _____

What grade is the sibling currently in? _____

Process:

Please return your completed application prior to 4 p.m. April 23, 2012 to:

Amherst-Pelham Regional Schools
Student Achievement & Accountability
Attn: Mildred Martinez
170 Chestnut Street
Amherst, MA 01002

Note: The Parent/Guardian is responsible for transportation of the student for the duration of the School Choice period.