



# Pelham Elementary School

45 Amherst Road  
Pelham, MA 01002

Lisa Desjarlais, Principal

Phone: 413-362-1100 Fax: 413 253-4108



## APPLICATION FOR ADMISSION AS A SCHOOL CHOICE STUDENT FOR THE 2019-2020 SCHOOL YEAR

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Grade Student will be entering in September: \_\_\_\_\_

Name and Address of Present School: \_\_\_\_\_

\_\_\_\_\_

### Previous School Record:

Name and Location of School	Years	Grade(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why do you wish to enroll your child at Pelham Elementary School?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check YES  or NO  if you would like your name give to other residents of your town for carpooling purposes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Please print

\_\_\_\_\_  
Date

The Pelham Public School District is committed to insuring that no student is denied access to any education program or other activity of the school for reason of race, color, national origin, religion, creed, age, handicap, gender, or sexual orientation.

**THIS FORM MUST BE RETURNED TO PELHAM ELEMENTARY SCHOOL NO LATER THAN May 1, 2019**