

ADMISSION APPLICATION – SCHOOL CHOICE

Office of the Superintendent
Williamstown Lanesborough Public Schools
1781 Cold Spring Road
Williamstown, MA 01267

1) Indicate Requested School:

Lanesborough Elementary School _____

Williamstown Elementary School _____

2) Requested Grade Level: _____

3) School Year: _____

4) Names/Grades of Siblings at School if applicable: _____

Student's name: _____ Date of Birth: _____

Street Address: _____ Town _____ Zip _____

Mailing Address: _____ Town _____ Zip _____

Present grade Level: _____ As of (Date): _____

Father's Name: _____ Address: _____

Mother's name: _____ Address: _____

Guardian (if applicable): _____ Address: _____

Home Telephone: _____ Work Telephone _____

E-mail _____

In addition to giving my/our consent by signing below, I/We acknowledge that the Williamstown Lanesborough Public Schools are entitled to establish rules and policies relative to the operation of its school choice program. Any application for admission to Williamstown Elementary School or Lanesborough Elementary School or acceptance of same by Williamstown Elementary School or Lanesborough Elementary School for a school choice student may be rejected or rescinded at any time if it is determined that inaccurate, incomplete, or misleading information was supplied to the Williamstown Lanesborough Public Schools during the admission process.

I give my consent for the schools which my child attended prior to this year to release information relative to his/her discipline to an administrator of the Williamstown Lanesborough Public Schools.

Signature of Parent/Guardian

Date

This information is required to be provided as a condition of submission of an application to Williamstown Lanesborough Public Schools school choice program.
