Mt. Greylock Regional School District

Office of the Superintendent 1781 Cold Spring Road Williamstown, MA 01267 (413) 458-9582

School Choice Application Form

Lanesborough Elementary Williamstown Elementary Mount Greylock Regional School For School Year: Requested Grade Level: Requested Grade Level: Street Address: Mailing Address: Current School: Date of Application: Current School: Date of Application: Current Grade Level: Does the student have a sibling already enrolled through the school choice program? Name: Address: Email: Phone: Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Cell Please leave a message <t< th=""><th colspan="3">Indicate Requested School:</th></t<>	Indicate Requested School:		
For School Year: Requested Grade Level:			
Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School	Lanesbo		
Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School Address: Image: Normal School School Address: Image: Normal School School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School Address: Image: Normal School	For School Year:		
K 1 2 3 4 5 6 7 8 9 10 11 12 Student's Name: Date of Birth: Street Address: Street Address: Current School: Date of Application: Current Grade Level: Does the student have a sibling already enrolled through the school choice program? Nother's Name: Address: Email: Phone: Imainity: Phone: Imainity: Phone: Imainity: Phone: Imainity: Imainity: Phone: Imainity: Imainity: Phone: Imainity: Imainity: <tr< td=""><td colspan="3"></td></tr<>			
Student's Name: Date of Birth: Street Address: Current School: Date of Application: Current Grade Level: Does the student have a sibling already enrolled through the school choice program? Yes No Name(s) / Grad(s) of school choice enrolled sibling(s): Mother's Name: Address: Email: Phone: Image: Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Cell Please leave a message Guardian: (f applicable) Address: Email:			
Date of Birth: Street Address: Street Address:	ГК [1]	2 3 4 5 6 7 8 9 10 11 12	
Street Address: Mailing Address: Current School: Does the student have a sibling already enrolled through the school choice program? Name(s) / Grade(s) of school choice enrolled sibling(s): Mother's Name: Address: Email: Phone: Home Work Cell Phone: Home Work Cell Phone: Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Cell </td <td></td> <td></td>			
Mailing Address:			
Current School: Date of Application: Current Grade Level: Does the student have a sibling already enrolled through the school choice program? Yes Name(s) / Grade(s) of school choice enrolled sibling(s): Mother's Name: Address: Email: Phone: Home Work Cell Please leave a message Home Work Cell Please leave a message Father's Name: Address: Email: Phone: Home Work Cell Please leave a message Father's Name: Address: Email: Phone: Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Cell Please leave a message [Ho			
Current Grade Level:			
Does the student have a sibling already enrolled through the school choice program? Yes No Name(s) / Grade(s) of school choice enrolled sibling(s): No Mother's Name: Address: Email: Phone: Home Work Cell Please leave a message Phone: Home Work Cell Please leave a message Address: Home Work Cell Please leave a message Father's Name: Address: Email: Home Work Cell Please leave a message Phone: Home Work Cell Please leave a message Guardian: Home Work Cell Please leave a message Guardian: Home Work Cell Please leave a message Guardian: Home Work Cell Please leave a message Phone: Home Work Cell Please leave a message Guardian: Home Work Cell Please leave a message Phone: Home Work Cell Please leave a message Imail: Home <t< td=""><td></td><td></td></t<>			
Does the student have a stbling already enrolled through the school choice program? Name(s) / Grade(s) of school choice enrolled sibling(s): Mother's Name: Address: Email: Phone:	Current Grade Level		
Name(s) / Grade(s) of school choice enrolled sibling(s): Mother's Name: Address: Email: Phone:	Does the student have a sibling already enrolled through the school choice program? \Box Yes \Box No		
Address: Email: Phone: Home Work Cell Please leave a message Home Work Cell Please leave a message Father's Name: Address: Email: Phone: Home Work Cell Please leave a message Father's Name: Address: Email: Phone: Home Work Cell Please leave a message Home Work Cell Please leave a message Guardian: Home Work (if applicable) Home Work Address: Email: Phone: Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Imail: Phone: Home Work Cell Please leave a message Home Work Imail: Phome Work Phone: Home Work Cell Please leave a message Imail: Please leave a message Imaddition to			
Email: Home Work Cell Please leave a message Phone: Home Work Cell Please leave a message Father's Name: Home Work Cell Please leave a message Address: Email: Please leave a message Phone: Home Work Cell Please leave a message Guardian: Home Work Cell Please leave a message Guardian: Home Work Cell Please leave a message Guardian: Home Work Cell Please leave a message Famail: Home Work Cell Please leave a message Modress: Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Cell Please leave a message Email: Home Work Cell Please leave a message Imail: Home Work Cell Please leave a message Imail: Home Work Cell Please leave a message	Mother's Name:		
Phone: Home Work Cell Please leave a message Home Work Cell Please leave a message Father's Name: Home Work Cell Please leave a message Address: Email: Please leave a message Phone: Home Work Cell Please leave a message Guardian: Home Work Cell Please leave a message Guardian: Home Work Cell Please leave a message Guardian: Home Work Cell Please leave a message Home Work Cell Please leave a message Guardian: Home Work Cell Please leave a message	Address:		
Father's Name: Address: Email: Phone: Operation	Email:		
Father's Name:	Phone:	🔲 Home 🔽 Work 🔽 Cell 🔽 Please leave a message	
Father's Name:			
Father's Name: Address: Email: Phone:		Home Mork Cell Please leave a message	
Address: Email: Phone: Home Home Work Cell Please leave a message Image: Home Home Work Cell Please leave a message Image: Guardian: Home Work Cell Please leave a message Image: Guardian: Home Work Cell Please leave a message Image: Guardian: Home Work Cell Please leave a message Image: Guardian: Home Work Cell Please leave a message Email: Home Work Cell Please leave a message Phone: Home Work Cell Please leave a message Imaddition to giving my/our consent by signing below, I/we acknowledge that Mount Greylock Regional School District is entitled to establish rules and policies relative to the operation of its school choice program. Any application for admission to the District or acceptance of same by the District may be rejected or rescinded at any time if it is determined that inaccurate, incomplete, or misleading information was supplied to the District during the admission process. I give my consent for the school swhich my child attended prior to this year to release information of submission of an application to Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount derevlock Regional School School District.		🔲 Home 🔲 Work 🔲 Cell 📄 Please leave a message	
Email: Phone:	Father's Name:		
Phone: Home Work Cell Please leave a message Home Work Cell Please leave a message Guardian: Home Work Cell Please leave a message Guardian: Home Work Cell Please leave a message Address: Home Work Cell Please leave a message Phone: Home Work Cell Please leave a message In addition to giving my/our consent by signing below, I/we acknowledge that Mount Greylock Regional School District is entitled to establish rules and policies relative to the operation of its school choice program. Any application for admission to the District or acceptance of same by the District may be rejected or rescinded at any time if it is determined that inaccurate, incomplete, or misleading information was supplied to the District 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 Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount			
Guardian: Image: Im	Email:		
Guardian: Home Work Cell Please leave a message Guardian: Home Work Cell Please leave a message Address: Home Vork Cell Please leave a message Email: Home Work Cell Please leave a message Phone: Home Work Cell Please leave a message In addition to giving my/our consent by signing below, J/we acknowledge that Mount Greylock Regional School District is entitled to establish rules and policies relative to the operation of its school choice program. Any application for admission to the District or acceptance of same by the District may be rejected or rescinded at any time if it is determined that inaccurate, incomplete, or misleading information was supplied to the District 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 Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount	Phone:	🔲 Home 🔲 Work 🔲 Cell 📄 Please leave a message	
Guardian:		Home Work Cell Please leave a message	
Guardian:			
(if applicable) Address: Email: Phone: Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Cell Please leave a message In addition to giving my/our consent by signing below, I/we acknowledge that Mount Greylock Regional School District is entitled to establish rules and policies relative to the operation of its school choice program. Any application for admission to the District or acceptance of same by the District may be rejected or rescinded at any time if it is determined that inaccurate, incomplete, or misleading information was supplied to the District 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 Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount	~		
Address: Email: Phone: Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Cell Please leave a message In addition to giving my/our consent by signing below, I/we acknowledge that Mount Greylock Regional School District is entitled to establish rules and policies relative to the operation of its school choice program. Any application for admission to the District or acceptance of same by the District 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 Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount			
Email: Phone: Home Work Cell Please leave a message Home Work Cell Please leave a message Imaddition to giving my/our consent by signing below, I/we acknowledge that Mount Greylock Regional School District is entitled to establish rules and policies relative to the operation of its school choice program. Any application for admission to the District or acceptance of same by the District may be rejected or rescinded at any time if it is determined that inaccurate, incomplete, or misleading information was supplied to the District 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 Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount			
Phone: Home Work Cell Please leave a message Home Work Cell Please leave a message Home Work Cell Please leave a message In addition to giving my/our consent by signing below, I/we acknowledge that Mount Greylock Regional School District is entitled to establish rules and policies relative to the operation of its school choice program. Any application for admission to the District or acceptance of same by the District may be rejected or rescinded at any time if it is determined that inaccurate, incomplete, or misleading information was supplied to the District 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 Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount			
In addition to giving my/our consent by signing below, I/we acknowledge that Mount Greylock Regional School District is entitled to establish rules and policies relative to the operation of its school choice program. Any application for admission to the District or acceptance of same by the District may be rejected or rescinded at any time if it is determined that inaccurate, incomplete, or misleading information was supplied to the District 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 Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount			
In addition to giving my/our consent by signing below, I/we acknowledge that Mount Greylock Regional School District is entitled to establish rules and policies relative to the operation of its school choice program. Any application for admission to the District or acceptance of same by the District may be rejected or rescinded at any time if it is determined that inaccurate, incomplete, or misleading information was supplied to the District 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 Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount	Phone:	Home Work Cell Please leave a message	
In addition to giving my/our consent by signing below, I/we acknowledge that Mount Greylock Regional School District is entitled to establish rules and policies relative to the operation of its school choice program. Any application for admission to the District or acceptance of same by the District may be rejected or rescinded at any time if it is determined that inaccurate, incomplete, or misleading information was supplied to the District 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 Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount		Home Work Cell Please leave a message	
In addition to giving my/our consent by signing below, I/we acknowledge that Mount Greylock Regional School District is entitled to establish rules and policies relative to the operation of its school choice program. Any application for admission to the District or acceptance of same by the District may be rejected or rescinded at any time if it is determined that inaccurate, incomplete, or misleading information was supplied to the District 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 Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount			
establish rules and policies relative to the operation of its school choice program. Any application for admission to the District or acceptance of same by the District may be rejected or rescinded at any time if it is determined that inaccurate, incomplete, or misleading information was supplied to the District 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 Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount			
information was supplied to the District 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 Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount	establish rules and policies relative to the operation of its school choice program. Any application for admission to the District or		
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 Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount			
	I give my consent for the s	schools which my child attended prior to this year to release information relative to his/her discipline to an administrator	
Greylock Regional School District's School Choice program.			
	Greylock Regional School	District's School Unoice program.	
Signature of Parent / Guardian Date	Signa	ture of Parent / Guardian Date	

Lanesborough Elementary School 188 Summer Street Lanesborough, MA 01237 www.lanesboroughschool.org Mount Greylock Regional High School 1781 Cold Spring Road Williamstown, MA 01267 www.mgrhs.org Williamstown Elementary School 115 Church Street Williamstown, MA 01267 www.williamstownelementary.org