

**ATHOL-ROYALSTON REGIONAL SCHOOL DISTRICT
SCHOOL CHOICE (Non-Resident) APPLICATION FORM**

Thank you for expressing interest in School Choice for your child into the Athol-Royalston Regional School District. Please complete the following information to the best of your ability. Please feel free to contact our office should you have any questions at 978-249-2400.

SCHOOL AND GRADE TO WHICH APPLICATION IS BEING MADE:

Please indicate the school that you would like your child to attend, starting with the #1 for your first choice, #2 for your second choice, etc. Please be advised that, should your child's name be randomly drawn for participation in the School Choice program, there is limited availability at some district schools.

GRADE 9 – 12	_____	ATHOL HIGH SCHOOL	GRADE _____
GRADE 5 – 8	_____	ATHOL-ROYALSTON MIDDLE SCHOOL	GRADE _____
GRADE K – 4	_____	ATHOL COMMUNITY ELEMENTARY SCHOOL	GRADE _____
GRADE K – 6	_____	ROYALSTON COMMUNITY SCHOOL	GRADE _____

NAME OF STUDENT: _____
Last Name First Name M.I.

SIBLING/S: Y N : _____
Last Name First Name Age

ADDRESS: _____ TOWN: _____ ZIP: _____
Number Street APT. #

HOME PHONE: (____) _____ DATE OF BIRTH: _____
Area Code Number Month Day Year

PARENT/GUARDIAN NAME/S: _____

CELL PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

Please forward application to:
Superintendent of Schools, P.O. Box 968, Athol, MA 01331, or fax to 978-249-2402

Parent/Guardian Signature Date

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

ACCEPTED: _____
Darcy Fernandes, Superintendent of Schools Date

DENIED: _____
Darcy Fernandes, Superintendent of Schools Date

Reason for Denial: _____

SCHOOL STUDENT WILL BE ATTENDING: _____

COPY TO RECEIVING SCHOOL: _____