



Shutesbury Elementary School

www.shutesburyschool.org
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Jacqueline Mendonsa, Principal

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SCHOOL CHOICE APPLICATION 2020-21

Student Name: _____ Date of Birth: _____

Last First Middle Month/Day/Year

Physical Address: _____

Mailing Address: _____

Email Address: _____

Parent/Guardian Name(s): _____

Home phone: _____ Work phone: _____

Last School Attended:

School Name City or Town/State

Grade student will be entering: _____

Why do you wish to enroll your child in Shutesbury Elementary School?

Shutesbury allows siblings of accepted school choice students to attend if there is adequate space in that grade level. List name and grade of any other children you are interested in enrolling at SES.

Please check yes ___ or no ___ if you would like your name given to other residents of your town for carpooling purposes.

Please include anything you would like to tell us about your child on the back of this application.

Parent/Guardian Signature

Date

The Shutesbury School District assures that all programs, activities, and employment opportunities are offered without regard to race, color, national origin, gender, gender identity, disability, economic status, homelessness, religion, sexual orientation, pregnancy or pregnancy related conditions.