



# Shutesbury Elementary School

www.shutesburyschool.org

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## SCHOOL CHOICE APPLICATION 2021-22

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.*