



# Shutesbury Elementary School

www.shutesburyschool.org

23 West Pelham Road, Shutesbury, MA 01072

Phone: (413) 259-1212 Fax: (413) 259-1531

Jacqueline Mendonsa, Principal email: [mendonsaj@shutesburyschool.org](mailto:mendonsaj@shutesburyschool.org)

## School Choice Application 2016-2017

Student Name:

Date of Birth:

\_\_\_\_\_

Last	First	Middle	Month/Day/Year
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Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Last School Attended:

\_\_\_\_\_

School Name	City or Town/State
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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 room 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
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**The Shutesbury Elementary School does not discriminate on the basis of age, gender, race, religion, color, national origin, sexual orientation, gender identity or disability in accordance with applicable laws and regulations.**



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