



Ayer Shirley Regional School District

Request for School Choice Enrollment

***PLEASE COMPLETE A FORM FOR EACH CHILD YOU WOULD LIKE TO BE CONSIDERED FOR SCHOOL CHOICE**

Student Information

Has your child been attending Ayer Shirley Regional Schools during the current school year?

☐ No ☐ Yes - Grade _____ School Attending _____

First Name

Last Name

Grade Level

Date of Birth

Which school are you requesting school choice:

- ☐ Page Hilltop (Preschool - 5) ☐ Lura A White (K - 5)
☐ Middle School (6-8) ☐ High School (9-12)

Start Date:

- ☐ First Day of School
☐ Other _____

Student's Current Address (street address required)

Street

Town

Zip

Student's New Address [if request is due to impending out of town move]:

Street

Town

Zip

Parent/Guardian Information:

First Name

Last Name

Phone Number

Email Address

Reason for request to attend school outside your town of residence:

Siblings - School age only (Reminder: A form must be submitted for each student)

Name	Submitting a form for School Choice?	School Attending	Grade Level
1.			
2.			
3.			
4.			

The Superintendent's Office will complete the following and return a copy to the principal

School Choice Enrollment Decision:

☐ Approved Effective Start Date: _____

☐ Denied Reason for Denial: _____

Superintendent Signature: _____

Date: _____

Principal Signature: _____

Date: _____