



Ayer Shirley Regional School District

Request for Open Enrollment for Ayer and Shirley Residents

***PLEASE COMPLETE A FORM FOR EACH CHILD YOU WOULD LIKE TO BE CONSIDERED FOR OPEN ENROLLMENT**

Parent/Guardian Information	
Parent/Guardian 1:	
First Name	Last Name
Phone Number	Email Address
Parent/Guardian 2:	
First Name	Last Name
Phone Number	Email Address
Student Information	
Which school are you requesting open enrollment: <input type="checkbox"/> Page Hilltop (Preschool - 5) <input type="checkbox"/> Lura A White (K - 5)	Start Date: <input type="checkbox"/> First Day of School <input type="checkbox"/> Other _____
Student's Current Address (street address required)	
_____ Street	_____ Town _____ Zip
Reason for request to attend elementary school outside your town of residence: _____ _____ _____	

Siblings - School age only (Reminder: A form must be submitted for each student)			
Name	Submitting a form for Open Enrollment (Grades Pk-5 only)	School Attending	Grade Level
1.			
2.			
3.			
4.			

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

School Choice Enrollment Decision:	
<input type="checkbox"/> Approved	Effective Start Date: _____
<input type="checkbox"/> Denied	Reason for Denial: _____

Principal's Signature: _____	Date: _____
Superintendent Signature: _____	Date: _____