



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: _____	