



# SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT

## REQUEST FOR ADMISSION THROUGH SCHOOL CHOICE PROGRAM

Date: \_\_\_\_\_

Dear Superintendent of Schools,

Please accept my child as a student in the Southern Berkshire Regional School District through the Massachusetts School Choice Program. I am providing the following information:

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Last First Middle (full name)

Address Residential: \_\_\_\_\_  
Street Apt. No. Town

Mailing Address: \_\_\_\_\_  
(if different from above) Street Apt. No. P.O. Box Town Zip

Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Entering Grade \_\_\_\_\_

City/State of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mo. Day Year

SBRSD School Requested 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_  
(SBRSD will attempt to accommodate your school choice request but we are unable to guarantee that your child will get the school you request.)

School Last Attended: \_\_\_\_\_

Was student in a special program? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

Has student ever attended a MA school? \_\_\_yes / \_\_\_no If yes, where? \_\_\_\_\_

Has student been enrolled in the SBRSD? \_\_\_yes / \_\_\_no If yes, which school? \_\_\_\_\_

If you have recently moved from the SBRSD and are applying for **continuing** enrollment, please supply the date which you moved from the District: \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_

**For District Use Only:**

SASID # \_\_\_\_\_

Application Reviewed: Elem Principal \_\_\_ MSHS Principal \_\_\_ Guidance Counselor \_\_\_ Dir of Student Services \_\_\_  
(Please initial) (Please initial) (Please initial) (Please initial)

Enrollment is **approved** \_\_\_ **not approved** \_\_\_ Grade \_\_\_ School Year \_\_\_\_\_ School \_\_\_\_\_

If enrollment is NOT approved, state reason: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_