



**APPLICATION FOR ADMISSION AS A SCHOOL CHOICE STUDENT
FOR THE 2020-2021 SCHOOL YEAR**

Student's Full Name: _____ **Date of Birth:** _____

Address: _____ **Phone:** _____

_____ **Email:** _____

Grade Student will be entering in September: _____

Name and Address of Present School: _____

Previous School Record:

Name and Location of School	Years	Grade(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why do you wish to enroll your child at Pelham Elementary School?

Please check YES or NO if you would like your name give to other residents of your town for carpooling purposes.

Signature of Parent/Guardian

Please print

Date

The Pelham Public School District is committed to insuring that no student is denied access to any education program or other activity of the school for reason of race, color, national origin, religion, creed, age, handicap, gender, or sexual orientation.

THIS FORM MUST BE RETURNED TO PELHAM ELEMENTARY SCHOOL NO LATER THAN May 1, 2020

Pelham Elementary School • 45 Amherst Road Pelham, Massachusetts 01002 • (413) 362-1100