



# Petersham Center School

## Spirit of Inquiry

Dr. Elizabeth Zielinski, *Superintendent*  
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### APPLICATION FOR ADMISSION AS A SCHOOL CHOICE STUDENT FOR THE 2024-2025 SCHOOL YEAR

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name and Address of Child's Present School (if applicable): \_\_\_\_\_

\_\_\_\_\_

Any additional information you'd like to provide on your child: \_\_\_\_\_

\_\_\_\_\_

Grade student will be entering in August: \_\_\_\_\_

Why do you wish to enroll your child(ren) in the Petersham Center School? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

The Petersham Elementary School is committed to ensuring that no student is denied access to any educational program or other activity of the Petersham Center School for reason of race, color, national origin, religion, creed, age, handicap, gender or any other reason.

**PLEASE NOTIFY THE PETERSHAM CENTER SCHOOL OFFICE OF ANY ADDRESS CHANGES. THANK YOU.**

\*Please note that there may be a limited number of School Choice seats and participation in the School Choice Program is determined by the Petersham School Committee annual vote.