

**HAWLEMONT REGIONAL SCHOOL DISTRICT
SCHOOL OF CHOICE APPLICATION
2019 – 2020 SCHOOL YEAR**

Student: _____

Parent/Guardian: _____

Address: _____

Mailing Address (if different): _____

Phone: (day) _____ **(late afternoon)** _____

Which grade will your son/daughter be entering? _____

Name of school your child is now attending: _____

Address: _____

Phone: _____

How did you hear about our school (Please circle all that apply)?

Friend/Family Newspaper Ad Radio Ad Other _____

Please return this application to the address below or contact Karen Totman at 413-625-0192 extension 1010. Thank you!

**School Choice Program – Attention Karen Totman
Hawlemont Regional School District
24 Ashfield Road
Shelburne Falls, MA 01370**

(For Office Use Only)

_____ **Applicant Approved**

_____ **(Principal Signature)**