

**MOHAWK TRAIL REGIONAL SCHOOL DISTRICT**  
**SCHOOL OF CHOICE APPLICATION**  
**2019 – 2020 SCHOOL YEAR**

Student: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (late afternoon) \_\_\_\_\_

School your son/daughter would like to attend: (check one)

\_\_\_\_\_ Buckland-Shelburne Elementary School

\_\_\_\_\_ Colrain Central School

\_\_\_\_\_ Sanderson Academy (Ashfield)

\_\_\_\_\_ Mohawk Trail Regional Middle Schools

\_\_\_\_\_ Mohawk Trail Regional High School

Why did you choose this school? \_\_\_\_\_

Which grade will your son/daughter be entering? \_\_\_\_\_

Name of school your son/daughter is now attending: \_\_\_\_\_

Why did you choose to leave this school? \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Friend/Family   Newspaper Ad   Radio Ad   Other \_\_\_\_\_

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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  
Mohawk Trail Regional School District  
24 Ashfield Road  
Shelburne Falls, MA 01370

(For Office Use Only)

\_\_\_\_\_ Applicant Approved

\_\_\_\_\_ (Principal Signature)