

**MOHAWK TRAIL REGIONAL SCHOOL DISTRICT**

**INTRA**

**(residing WITHIN the Mohawk K-12 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)**

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

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

**School your son/daughter is now attending:** \_\_\_\_\_

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

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

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

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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)**