

WALES ELEMENTARY SCHOOL 41 Main St. P.O. Box 247 Wales, MA 01081

APPLICATION FOR SCHOOL CHOICE

Wales Elementary School does not provide transportation for students accepted into the school choice program.

Please note that applications are accepted during the period of <u>January 1st to March 31st</u> ONLY. Selections are made by a lottery process from those applications received within the allotted timeframe, based on the number of available openings per grade. If slots remain unfilled after April 1st, applications will continue to be accepted until all slots have been filled. Please contact the Wales Elementary School.

PLEASE PRINT

	I DEMOET KINT		
Date of Application:			
Applicant Information:			
Last Name:	First Name:	Middle Name:_	
Street Address/Town/Zip Code:			
Mailing Address (if different): _			
Current School Attending:			_
Current School Address:			_
Current School Phone Number:			_
Current Grade:	SASID #: (may be obtained fro	m current school):	
Applying for placement in grade	(circle one): K 1 2	3 4 5	<u>6</u>
Parent/Guardian Information:			
I am the parent/legal guardian of	f the above named applicant for s	chool choice. (Please c	ircle one.)
Last Name:	First Name:		
Home Phone Number:	Work Phone	Number:	
Cell Phone Number:	Email:		
	ling Wales Elementary School as		
placement in the Tantasqua Regi	who attend Wales Elementary So ional School District according to on form to Tantasqua for their ch	policy JFBB-1, if space	ce allows. However,
Signature of parent/legal guardia	nn		
For office use only:			
Date Received:	Lottery #:	Wait List #:	