



TANTASQUA REGIONAL SCHOOL DISTRICT
Office of the Superintendent of Schools
320A Brookfield Rd.
Fiskdale, MA 01518

APPLICATION FOR SCHOOL CHOICE

Please note that applications are accepted during the period of January 1st to March 31st 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.

PLEASE PRINT

Date of Application: _____

Applicant Information:

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

Mailing Address: _____

Current School Attending: _____

Current School Address: _____

Current School Phone Number: _____

Current Grade: _____ SASID #: (may be obtained from current school): _____

Applying for placement in Grade (circle one): 7 8 9 10
 (Applications **are not accepted** for Grades 11 and 12.)

Parent/Guardian Information:

I am the parent/legal guardian of the above named applicant for school choice. (Please circle one.)

Last Name: _____ First Name: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Email: _____

Is there a sibling currently attending Tantasqua Regional School District: ___yes ___no If yes, please provide: Name(s) _____

Current Grade(s) _____

 Signature of parent/legal guardian

For office use only:

Date Received:	Lottery #:	Wait List #: