

School Choice Application Form

Indicate Requested School:	
<input type="checkbox"/> Lanesborough Elementary	<input type="checkbox"/> Williamstown Elementary
<input type="checkbox"/> Mount Greylock Regional School	
For School Year:	2025-2026
Requested Grade Level:	
<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Student's Name:	
Date of Birth:	
Street Address:	
Mailing Address:	
Current School:	Date of Application:
Current Grade Level:	
Does the student have a sibling already enrolled through the school choice program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name(s) / Grade(s) of school choice enrolled sibling(s):	
Parent's Name:	
Address:	
Email:	
Phone:	<input type="text"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please leave a message <input type="text"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please leave a message <input type="text"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please leave a message
Parent's Name:	
Address:	
Email:	
Phone:	<input type="text"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please leave a message <input type="text"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please leave a message <input type="text"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please leave a message
Guardian: (if applicable)	
Address:	
Email:	
Phone:	<input type="text"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please leave a message <input type="text"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please leave a message <input type="text"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please leave a message
<p>In addition to giving my/our consent by signing below, I/we acknowledge that Mount Greylock Regional School District is entitled to establish rules and policies relative to the operation of its school choice program. Any application for admission to the District or acceptance of same by the District may be rejected or rescinded at any time if it is determined that inaccurate, incomplete, or misleading information was supplied to the District during the admission process.</p> <p>I give my consent for the schools which my child attended prior to this year to release information relative to his/her discipline to an administrator of Mount Greylock Regional School District. This information is required to be provided as a condition of submission of an application to Mount Greylock Regional School District's School Choice program.</p>	
Signature of Parent / Guardian	Date