



GILL-MONTAGUE REGIONAL SCHOOL DISTRICT

35 Crocker Avenue, Turners Falls, MA 01376

Tel: (413) 863-9324 Fax: (413) 863-4560

SCHOOL CHOICE APPLICATION 2010 – 2011 SCHOOL YEAR (RESIDENT)

STUDENT INFORMATION:

Student Name: _____ Date of Birth _____

Address: _____
Street City Zip Code

Last School Student Attended: _____ Current Grade: _____

School Student currently attends in district. School/Grade _____

Is student presently receiving any of the services below?

Title I Services English Language Education Section 504 Special Education

Acceptance into a Special Education Program is dependent upon space availability.

Please check the grade/school(s) requested:

K	1	2	3	4	5	K	1	2	3	4	5	6			
Hillcrest Elementary	Sheffield Elementary					Gill Elementary						Great Falls Middle School			

Why are you requesting school choice?

PARENT INFORMATION:

Date of Application: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____
Street City Zip Code

Do you currently have a child in the school you are requesting under school choice? Yes ___ No ___

If yes, please provide name(s) and current grade(s) _____

The Gill-Montague Regional School District is not responsible for providing transportation to and from school.

Return the form to the above address Attn: Robin Hamlett, Executive Assistant

The GMRSD is committed to insuring that no student is denied access to any educational program or other activity of the district for reason of race, color, national origin, religion, creed, age, handicap, gender or sexual orientation.