



**GILL-MONTAGUE REGIONAL SCHOOL DISTRICT**

35 Crocker Avenue, Turners Falls, MA 01376

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

**SCHOOL CHOICE APPLICATION  
(Moved during school year)  
2018 – 2019 SCHOOL YEAR**

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Current Grade/School: \_\_\_\_\_ Date of Move \_\_\_\_\_

Why are you requesting to remain in the Gill-Montague Regional School District:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT INFORMATION:**

Date of Application: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Are there other siblings in the district that you are requesting to remain in the district? 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: Sabrina Blanchard, 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Approval

\_\_\_\_\_  
Date