## ASHLAND PUBLIC SCHOOLS SCHOOL CHOICE APPLICATION 2025-2026

87 West Union Street Ashland, Massachusetts 01721

This form must be filled out completely and returned to the Office of the Superintendent, 87 West Union Street, Ashland, MA 01721 no later than May 30, 2025.

NO APPLICATIONS WILL BE ACCEPTED AFTER MAY 30, 2025.

STUDENT INFORMATION	Entrance Grade for August 2025	
Student Name:	Home Telephone: ()	
Home Address:	Town	StateZip Code
Mailing Address (if different):		
Current School:	Tel.#	
School Address:	Town	State Zip Code a copy of the student's most recent
Completed applicated 1) Transcript/ Report	tions must also include a Card 2) Disciplinary Re	a copy of the student's most recent decord 3) MCAS results (if available)
Is student applicant currently on an In (If Yes, a copy of the current IEP m	dividual Education Plan? ust accompany this appl	Yes No lication.)
Primary Language Spoken at Home _		
Does student receive Limited English	Proficiency services? Yes	es No
Has student applicant ever been suspe (please attach). (A copy of disciplinate		hool? Yes No If Yes, explain in detail any this application.)
Parent #1 Name:	Hom	ne Telephone: ()
Home Address:	Town	State Zip Code
Parent#1 Email address:	Parent	t #1 Cell Phone:
Do you have any other children curren	ntly enrolled in the Ashlan	nd Public Schools? Yes No
If Yes; Name of Sibling(s) enrolled in Ashland:		Grade:
Schools with all student records neces academic records, most current report Acceptance is contingent upon receipt  Date of Application:  *As stated in M.G.L.c.71, s.37L, a studenty	ssary to complete registrate card, discipline records, retof all records.  Parent/Guardian Sint transferring into a local system of the shall include, but not be	further certify that I will furnish Ashland Public tion (i.e.: birth certificate, immunization record, most recent MCAS results, current IEP, 504 Plan).  Signature:

**Date** 

**Superintendent's Signature**