

HADLEY PUBLIC SCHOOLS  
125 Russell Street  
Hadley, MA 01035  
(413)- 586-0822  
FAX (413)-582-6453  
EMAIL: [drex@hadleyschools.org](mailto:drex@hadleyschools.org)

**2021-2022 School Year---Application for School Choice**

Student's Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade Student Will Be Entering: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_

Address if different than students \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

**School Attendance Record:**

Name and Location of School	Years Attended	Grade(s)
_____	_____	_____
_____	_____	_____

Has your child been expelled by a school district? \_\_\_\_\_

Please list any other pertinent information you would like us to know.

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

Do you currently have a child or children attending the Hadley Public Schools under the School Choice Program?  
YES NO

If yes, Name of Child or Children: \_\_\_\_\_

Grade (s): \_\_\_\_\_

*It is understood that parents/guardians are responsible for providing daily transportation to and from school if placement is accepted.*

\_\_\_\_\_  
PRINT Name(s) of Parent/Guardian

\_\_\_\_\_  
PRINT Name(s) of Parent/Guardian

\_\_\_\_\_  
Signature(s) of Parent/Guardian

\_\_\_\_\_  
Date

The Hadley Public Schools are committed to insuring that no student is denied access to any educational program or other activity of the Hadley Public Schools for reason of race, color, national origin, religion, creed, age, disability, gender, gender identity, or sexual orientation.

**Please notify the Office of the Superintendent of any address change during the school year.**