

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

2022-2023 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.