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

## 2023-2024 School Year---Application for School Choice Application deadline is April 18<sup>th</sup>, 2023

Student's Full Name:Last	First	Middle	
Address:			
	Place of Birth:		
Telephone No:	Gender:		
Grade Student Will Be Entering:			
Parent/Guardian(s) Names:			
Address if different than students			
Email Addre	2SS		
<u>School Attendance Record:</u> Name and Location of School	Years Attended	Grade(s)	
Name and Location of School	Tears Attenueu	Grauc(s)	
	1		
Please list any other pertinent information you would h	ike us to know.		
Do you currently have a child or children attending the YES NO	e Hadley Public Schools under the Sch	ool Choice Program?	
If yes, Name of Child or Children:			
Gra	de (s):		
It is understood that parents/guardians are responsible	e for providing daily transportation to	o and from school if placem	
<u>accepted.</u>			
PRINT Name(s) of Parent/Guardian	PRINT Name(s) of Parer	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.