

**SCHOOL CHOICE
2015-2016
HAVERHILL PUBLIC SCHOOLS
4 SUMMER STREET
HAVERHILL, MASSACHUSETTS 01830
978-374-3400**

**APPLICATION
(TO BE COMPLETED BY PARENT)**

This is a request for my child:

First	Middle	Last	Date of Birth
-------	--------	------	---------------

Street	City	State	Zip Code
--------	------	-------	----------

to attend the _____ (name of school) _____ (grade) for the

Please check one:
_____ 2015-2016 school year
_____ remainder of the school year (starting date _____)

Date of Application ____/____/____

Parent/ Guardian Name: _____
(Print Name)

Address: _____

Home Phone: _____ Work Phone: _____

Present School (or last school attended) _____

Has this child been expelled from any school or school district? YES NO

Parent/ Guardian Signature	Date
----------------------------	------

For Office Use Only
rev. 4/3/00

Principals' Recommendation APPROVED NOT APPROVED
Approved by Superintendent/Designee: _____ Date: _____