

**HAVERHILL PUBLIC SCHOOLS
FOUR SUMMER STREET
HAVERHILL, MASSACHUSETTS 01830
978-374-3400**

**2018-2019 SCHOOL CHOICE 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 _____ for the
(name of school) (grade)

Please check one:

_____ 2018-2019 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

Principal's Recommendation: APPROVED NOT APPROVED

Principal's Signature: _____ Date: _____

Approved by Superintendent/Designee: _____ Date: _____