RALPH D. BUTLER ELEMENTARY SCHOOL

Patrick Clark Drive ● Avon, MA 02322 ● 508-587-7009 ● www.avon.k12.ma.us/butler

Chase Eschauzier
PRINCIPAL

Kim Bothwell
ASSISTANT PRINCIPAL

Avon Public Schools
PRESCHOOL APPLICATION 2024-25 - AVON RESIDENTS ONLY

_____ _____ _____ _____
Child's Last Name **First Name** **Middle Name** **Date of Birth**

_____ _____
Home Address **Home Phone #**

_____ _____ _____
Parent #1 Name **Home Address** **Cell Phone #**

_____ _____ _____
Parent #2 Name **Home Address** **Cell Phone #**

Dominant language spoken at home

_____English _____Portuguese _____Spanish _____Other(_____)

_____ _____
Family Physician **Physician's Office Number**

List all medical concerns you have about your child. Include all allergies and physical limitations._____
_____
_____

Does your child have any special dietary requirements or food allergies? If so, please specify_____
_____
_____

During the school year, the school staff will be evaluating your child. Your signature below will give the staff permission for these tests (such as the ESI test) to be administered if necessary.

_____ _____
Parent's Signature **Date**

_____ _____
Date Received **Staff Initials**

***Please be aware that preschool has limited openings and is a lottery. Admission is not guaranteed and is open to Avon Residents Only.**

The Avon Public Schools is committed to ensuring that all of its programs and facilities are accessible to all members of the public.
We do not discriminate on the basis of age, color, disability, national origin, race, religion, gender, gender identity, homeless status, or sexual orientation.