

AVON PUBLIC SCHOOLS

Patrick Clark Drive · Avon, MA 02322

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Superintendent of Schools

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Director of Pupil Services

Application for Enrollment Under the School Choice Law 2023-2024 School Year

This form is to be completed by individuals seeking to gain acceptance to student status in the Avon Public Schools under the State's School Choice Program. In order to be considered complete, each item below must be addressed. School Choice enrollments in the Avon Public Schools are governed on a space-available basis, with such space availability being determined in accordance with Avon School Committee policy and applicable state laws.

Student Name: _____ Male _____ Female _____

Current Address: _____

Date of Birth: _____ Place of Birth: _____

(Please include copy of birth certificate)

Current School: _____

Is the applicant a State Ward? Yes _____ No _____

Public _____ Private _____ Current Grade _____ Grade Expected in September _____

Is student currently on an I.E.P? Yes _____ No _____ *(*copy of current I.E.P must accompany application)*

Primary Language Spoken at Home? _____

Does student receive LEP Services? Yes ___ NO ___

Has the applicant ever been suspended or expelled from school? Yes _____ No _____

If yes, please explain in detail *(attach separate paper)*

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian's Email Address: _____

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian's Email Address: _____

Is the student applying a sibling of a current Avon Student? Yes _____ No _____ If so,

Name of Student: _____ Grade of Student: _____

I hereby certify the above information to be true and correct. I further certify that I will furnish Avon Public schools with all student records necessary to complete the registration (i.e.: birth certificate, immunization record, academic records, most current report card, discipline records, MCAS, current I.E.P and 504 Plan).

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVE BY: _____

STATUS ACCEPTED: _____ CHOICE NUMBER: _____

TYPE: SIBLING: _____ NON-SIBLING: _____

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.