

# AVON PUBLIC SCHOOLS

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Christine M. Godino, Ed.D.  
Superintendent of Schools

Lori Jodoin  
Assistant Superintendent of Pupil Services

## **Application for Enrollment Under the School Choice Law 2024-2025 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.