

# MAYNARD PUBLIC SCHOOLS

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Dr. Mark R. Masterson, Superintendent of Schools

## SCHOOL CHOICE ADMISSION APPLICATION

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Current School System: \_\_\_\_\_

Current School / Grade: \_\_\_\_\_

Anticipated Grade in September: \_\_\_\_\_

Student Birth Date: \_\_\_\_\_

Age as of September 1: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Is the student a sibling of a current Maynard Public School Student: Yes \_\_\_ No \_\_\_

Is the student a child of a Maynard Public School Employee: Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Please complete all of the requested information and submit this form to the address above