

MOHAWK TRAIL REGIONAL SCHOOL DISTRICT
SCHOOL OF CHOICE APPLICATION
2023 – 2024 SCHOOL YEAR

Student: _____

Parent/Guardian: _____

Address: _____

Mailing Address (if different): _____

Phone: (day) _____ (late afternoon) _____

School your son/daughter would like to attend: (check one)

_____ Buckland-Shelburne Elementary School

_____ Colrain Central School

_____ Sanderson Academy (Ashfield)

_____ Mohawk Trail Regional Middle Schools

_____ Mohawk Trail Regional High School

Why did you choose this school? _____

Which grade will your son/daughter be entering? _____

Name of school your son/daughter is now attending: _____

Why did you choose to leave this school? _____

Address: _____

Phone: _____

How did you hear about our schools (Please circle all that apply)?

Friend/Family Newspaper Ad Radio Ad Other _____

Please return this application to the address below or contact Karen Totman at 413-625-0192 extension 1010. Thank you!

School Choice Program – Attention Karen Totman
Mohawk Trail Regional School District
24 Ashfield Road
Shelburne Falls, MA 01370

(For Office Use Only)

_____ **Applicant Approved**

_____ (Principal Signature)

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