



Pelham Elementary School

45 Amherst Road
Pelham, MA 01002

Lisa Desjarlais, Principal

Phone: 413-362-1100 Fax: 413 253-4108



APPLICATION FOR ADMISSION AS A SCHOOL CHOICE STUDENT FOR THE 2017-2018 SCHOOL YEAR

Student's Full Name: _____ Date of Birth: _____

Address: _____ Phone: _____

_____ Email: _____

Grade Student will be entering in September: _____

Name and Address of Present School: _____

Previous School Record:

Name and Location of School	Years	Grade(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why do you wish to enroll your child at Pelham Elementary School?

Please check YES or NO if you would like your name give to other residents of your town for carpooling purposes.

Signature of Parent/Guardian

Please print

Date

The Pelham Public School District is committed to insuring that no student is denied access to any education program or other activity of the school for reason of race, color, national origin, religion, creed, age, handicap, gender, or sexual orientation.

THIS FORM MUST BE RETURNED TO PELHAM ELEMENTARY SCHOOL NO LATER THAN May 1, 2017
