



Southwick-Tolland-Granville  
 Regional School District  
 86 Powder Mill Road  
 Southwick, MA 01077  
 Phone: 413.569.5391  
 Jennifer C. Willard, Superintendent

<b>FOR DISTRICT USE ONLY:</b> Date Received: _____ Accepted: ___Y ___N Enroll By: _____ Notes _____
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### SCHOOL CHOICE APPLICATION

Admission Application to Southwick-Tolland-Granville Regional School District as a Non-Resident Student

Please Print Clearly

\_\_\_\_\_ Anticipated Enrollment Date \_\_\_\_\_ Entering Grade

**STUDENT INFORMATION**

Student's Full Name:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Male \_\_\_\_\_ Female

Home Address:

\_\_\_\_\_ Street \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Date of Birth:

\_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Parent/Guardian Name:

\_\_\_\_\_ Home Address if Different

\_\_\_\_\_ Primary Phone Number

\_\_\_\_\_ Email

**SCHOOL CURRENTLY ATTENDING:**

\_\_\_\_\_ School Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Grade

Why do you wish to enroll your child in the Southwick-Tolland Granville Regional School District?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Has your child been suspended or expelled in the last 2 years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and from what school?

Reason: \_\_\_\_\_

I understand that transportation to and from school is the responsibility of the parents/guardians and there are no school choice seats available in substantially separate programs.

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

\_\_\_\_\_ Date