



Hopedale Public Schools

Office of the Superintendent
25 Adin Street
Hopedale, Massachusetts 01747

Application for Admission – School Choice 2018-2019

Please complete this form for **each** School Choice student applying for admission to the Hopedale Public Schools and return to Superintendent's Office, 25 Adin Street, Hopedale, MA 01747.

Grade Entering 2018-19 _____ Date _____

Student's Name: _____
(Please print) Last First Middle Initial

Address: _____
Street City/Town Zip Code

Date of Birth: _____

School Last Attended: _____
Name Address

Parent/Guardian: _____
Last First Daytime Telephone

Last First Daytime Telephone

Parent Email: _____

Has the student attended Hopedale Public Schools in the past? If so, when and for how long?

Does the student have a sibling currently attending Hopedale Public Schools? _____ Yes _____ No

If Yes, please indicate the sibling's name, grade level, and school:

Is either parent a certified staff member of the Hopedale Public Schools? _____ Yes _____ No

If accepted as a School Choice student, I hereby authorize representatives of Hopedale Public Schools to receive and review copies of all my child's records. I understand that no accommodations are made for transportation to and from school.

Parent Signature

Date