Ayer Shirley
Regional School District

141 Washington Street
Ayer, MA 01432

Phone: (978) 772 - 8600

Carl E. Mock, Superintendent cmock@ayershirleyregion.org 978.772.8600 x 225 Fax 978.772.7444

Request for School Choice Enrollment

Student: _____ Date: _____
Parent: _____ Phone: _____
Parent email: _____
Parent: _____ Phone: _____
Parent email: _____

School for which School Choice Enrollment is being requested:

Page Hilltop (Ayer)
Grade ____ Start Date _____

Lura A. White (Shirley)
Grade ____ Start Date _____

Ayer Shirley Regional Middle School
Grade ____ Start Date _____

Ayer Shirley Regional High School
Grade ____ Start Date _____

Student's Current Address:

_____ _____, _____, MA, _____
Number Street City/Town Zip

Student's New Address [if request is due to impending out of town move]:

_____ _____, _____, MA, _____
Number Street City/Town Zip

Has your child been attending the Ayer Shirley Regional Schools during the current school year?
No _____ Yes ____ School & Grade Attending _____

Has your child ever attended any of the above schools in Ayer or Shirley?
No _____Yes ____ School, Grade and Year Last Attended _____

Are any siblings currently enrolled in Ayer Shirley Regional District Schools? No _____ Yes _____
Name _____ Grade Attending _____
_____ _____
_____ _____

Reason for request to attend elementary school outside your town of residence:
_____
_____

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The Superintendent's Office will complete the following and return a copy to you.

School Choice Enrollment Approved _____ Effective Start Date _____
School Choice Enrollment Denied _____ Reason for Denial _____

_____ _____
Superintendent's Signature Date