



School Choice Application

Return to: Office of the Superintendent - 3 Washburn SQ Leicester, MA 01524

For Office Use Only:

LASID: _____

SASID: _____

Dear Superintendent of Schools,

Please accept my child as a student in the Leicester Public Schools through the Massachusetts School Choice Program. I understand that this is an application and does not guarantee enrollment. I am providing the following information for my student.:

Student Full Last Name: _____ Student Full First Name: _____

Student Full Middle Name: _____ Gender: Male _____ Female _____ Non-binary _____

Street Address: _____ Town: _____ ZIP _____

Mailing Address (If Different): _____

Primary Telephone Number: _____ Secondary Telephone Number: _____

Entering School Year: 20____ - 20____ Entering Grade _____ Date Of Birth: _____ City/State Of Birth: _____
mm/dd/yyyy

Previous School: _____ Address: _____

City or Town: _____ State _____ Zip _____

Has the student ever attended a MA School? Yes _____ No _____ If yes, where? _____

Has the student ever been expelled from any school? Yes _____ No _____ If yes, please explain on the reverse side of this form.

Has the student ever attended a Leicester Public School? Yes _____ No _____

If yes, which school/schools? _____

If you have recently moved from the Leicester School District, and are applying for **continuing** enrollment, please supply the date on which you moved from the district: _____

Name(s) of Parent(s)/Guardians(s): _____ Email _____

Signature or Parent(s)/Guardians(s): _____ Date _____

Acceptance of School Choice students is conditional upon availability. If there are more applicants than School Choice positions available, a lottery will be conducted and parents/guardians will be contacted. Submission of this form does not guarantee acceptance into the program. If accepted, you must respond to the Superintendent by 6/15/2023 if you plan to attend Leicester Schools. No person shall be excluded from or discriminated against in admission to a public school or any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, religion, national origin, gender identity, or sexual orientation.

****The following documents will be necessary prior to enrollment of the student if he/she is accepted into school choice:**

LPS Student Registration form, Birth Certificate, Student record including transcript and temporary record, Health Record including Immunization and last physical, IEP or 504 plan if applicable, discipline record, copy of deed, mortgage, or rental agreement.

For District Use Only:

SASID # _____

Application Reviewed:

PRI _____ MEM _____ MS _____ HS _____ Guidance _____ Director of Student Services _____
Please Initial Please Initial Please Initial Please Initial Please Initial Please Initial

Application is approved _____ Not Approved _____ Grade _____ School _____ School Year _____ Date Notified _____

If not approved, state reason: _____

Superintendent Signature _____ Date _____