



# Littleton Public Schools

33 Shattuck St. \* P.O. Box 1486 \* Littleton, MA 01460-4486 \* Phone: (978) 540-2500 \* Fax: (978) 486-9581 \* Website: [www.littletonps.org](http://www.littletonps.org)

## KELLY R. CLENCHY, Ed.D., SUPERINTENDENT OF SCHOOLS

Elizabeth M. Steele, Interim Curriculum Director  
Justine A. Muir, Director of Pupil Personnel Services  
Steven F. Mark, Business Manager

Natalie A. Croteau, Technology Systems Coordinator  
Julie Lord, Instructional Technology Coordinator

### APPLICATION/REGISTRATION FOR SCHOOL CHOICE 2019/2020

STUDENT NAME \_\_\_\_\_

(LAST)

(FIRST)

(MIDDLE)

BIRTH DATE    /    /    PLACE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

(CITY/TOWN/STATE/COUNTRY)

PREVIOUS SCHOOL \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_ YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_

(STREET)

(CITY/TOWN)

(ZIP)

HOME ADDRESS \_\_\_\_\_

(STREET)

(CITY/TOWN)

(ZIP)

MAILING ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

(LAST)

(FIRST)

(M.I.)

(OCCUPATION)

(WORK PHONE #)

MOTHER'S NAME \_\_\_\_\_

(LAST)

(FIRST)

(M.I.)

(OCCUPATION)

(WORK PHONE #)

HOME PHONE # \_\_\_\_\_

MAY YOUR CHILD'S ADDRESS BE RELEASED FOR PUBLICITY PURPOSES?  Y  N

EMERGENCY CONTACT \_\_\_\_\_

(NAME)

(ADDRESS)

(PHONE)

(RELATIONSHIP) \_\_\_\_\_

*It is the policy of the Littleton Public Schools not to discriminate on the basis of race, gender, religion, national origin, color, homelessness, sexual orientation, age or disability in its educational programs, services, activities or employment practices. Further information may be obtained by contacting Justine Muir, District Equity Coordinator at 978-540-2500, [jmuir@littletonps.org](mailto:jmuir@littletonps.org) or 33 Shattuck Street, P.O. Box 1486, Littleton, MA 01460.*

*Our mission is to foster a community of learners who strive for excellence and prepare each student to be a successful, contributing citizen in a global society.*

**SIBLING NAMES AND DATES OF BIRTH:**

_____	_____	_____	_____
(NAME)	(DOB)	(NAME)	(DOB)
_____	_____	_____	_____
(NAME)	(DOB)	(NAME)	(DOB)

**SPECIAL INFORMATION (I.E. ALLERGIES, FEARS, BIRTH DEFECTS, SPEECH DIFFICULTIES, LEARNING DIFFICULTIES, DIVORCE/CUSTODY ARRANGEMENT, ETC.)**

**GRADE ENTERING (circle)**    K    1    3    7    8    9    10    11    12

**EDUCATIONAL GOAL (circle one)**    COLLEGE                      WORK                      OTHER

**LIST OF ACTIVITIES YOU WOULD LIKE TO PARTICIPATE IN: (sports, clubs, drama, music, etc.)**

\_\_\_\_\_

**DESCRIBE YOUR PERFORMANCE IN ACADEMIC WORK (circle one):**

EXCELLENT                      GOOD                      FAIR                      POOR

**CHECK ONE OF THE FOLLOWING STATEMENTS:**

\_\_\_\_\_ I **DEFINITELY** WILL BE ATTENDING LITTLETON PUBLIC SCHOOLS NEXT YEAR IF ACCEPTED.

\_\_\_\_\_ I AM **NOT SURE** WHERE I WILL BE ATTENDING SCHOOL NEXT YEAR.

**WHY DO YOU WISH TO ATTEND THE LITTLETON PUBLIC SCHOOLS?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ENCLOSE WITH THIS APPLICATION A COPY OF YOUR LATEST REPORT CARD OR A TRANSCRIPT OF YOUR SCHOOL RECORD.**

**STUDENT'S SIGNATURE** \_\_\_\_\_

**PARENT'S SIGNATURE** \_\_\_\_\_

**NOTE: Bus transportation is not provided for school choice students. All Kindergarten applicants must attend Full Day Kindergarten (fee based)**

**APPLICATION DEADLINE: June 14, 2019**  
Mail to or drop off at  
Littleton Public Schools, School Department  
Attention: School Choice  
P.O. Box 1486  
33 Shattuck Street  
Littleton, MA 01460

*It is the policy of the Littleton Public Schools not to discriminate on the basis of race, gender, religion, national origin, color, homelessness, sexual orientation, age or disability in its educational programs, services, activities or employment practices. Further information may be obtained by contacting Justine Muir, District Equity Coordinator at 978-540-2500, jmuir@littletonps.org or 33 Shattuck Street, P.O. Box 1486, Littleton, MA 01460.*

*Our mission is to foster a community of learners who strive for excellence and prepare each student to be a successful, contributing citizen in a global society.*