

# Carver Public Schools SCHOOL CHOICE Application

*Please Print:*

Name of Student \_\_\_\_\_  
First Middle Last

Student's Date of Birth \_\_\_\_\_  
Month Day Year

Address \_\_\_\_\_  
Number Street/Road City Zip Code

Mailing Address: \_\_\_\_\_  
*(if different from above)* P.O. Box # City Zip Code

Parent/ Guardian Name(s): \_\_\_\_\_  
First Last  
\_\_\_\_\_  
First Last

Phone Numbers \_\_\_\_\_  
Home Work Cell

Email Address \_\_\_\_\_

Please enter my student in the 2018-2019 School Choice Lottery

**I Kindergarten** (must be 5 years old by September 1, 2018)

**I Grade 6 I Grade 7 I Grade 8 I Grade 9**

The lottery drawing will take place **June 8, 2018 at 2 P.M.**

Results will be sent by email and regular U.S. mail. There are five (5) slots for each grade level for the 2018-19 school year. Your application must be received by noon, June 6, 2018.

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

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

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Please Mail Application to:  
Gina Marie Rush % Carver Public Schools 3 Carver Square Blvd., Carver, MA 02330  
Questions: [RushG@carver.org](mailto:RushG@carver.org) or 508-866-6160