

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 _____

Siblings of student you are enrolling for school choice lottery: _____
(please include grade level and name)

Please enter my student in the 2019-2020 School Choice Lottery

- Kindergarten (must be 5 years old by September 1, 2019)
 Grade 6 Grade 7 Grade 8 Grade 9 Grade 10 Grade 11 Grade 12

Signature _____
Parent/Guardian Date

Signature _____
Parent/Guardian Date

The lottery drawing will take place **June 7, 2019** at 2 P.M. Applications must be received by noon, June 5, 2019. Results will be sent by email and regular U.S. mail. There are **five (5) slots** for each grade level for the 2019-2020 school year. Should seats be available following the application deadline and lottery, students will be accepted for school choice upon submission of application until all available seats are filled.

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