

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

E-Mail Address: _____

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

Please enter my student in the 2024-2025 School Choice Lottery

Kindergarten Grade 9 Grade 10 Grade 11 Grade 12
(must be 5 yrs. old by 9/1/24)

Signature _____
Parent/Guardian Date

Signature _____
Parent/Guardian Date

The lottery drawing will take place **June 10, 2024 at 2 P.M.** Applications must be received by **June 7, 2024.** Results will be sent by regular U.S. mail. There are **five (5) slots** for each grade level noted above for the 2024-2025 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 Russell % Carver Public Schools 3 Carver Square Blvd., Carver, MA 02330
Questions: RussellG@carver.org or 508-866-6160