

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 2025-2026 School Choice Lottery**

☐ Kindergarten ☐ Grade 9 ☐ Grade 10 ☐ Grade 11 ☐ Grade 12  
(must be 5 yrs. old by 9/1/25)

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

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

The lottery drawing will take place **June 9, 2025** at 2 P.M. **Applications must be received by June 6 2025.**  
Results will be sent by regular U.S. mail. There are **five (5) slots** for each grade level noted above for the 2025-2026 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](mailto:RussellG@carver.org) or 508-866-6160