

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 or 508-866-6160