



Berkshire Hills Regional School District

Great Barrington Stockbridge West Stockbridge

50 Main Street, P.O. Box 617, Stockbridge MA 01262 (413) 298-4017 ext. 19

School Choice Application Request – Kindergarten through Grade 12 2021 - 2022 School Year

Please e-mail this form to schoolchoice@bhrrsd.org or mail to the Superintendent's Office at the address listed above.

Student Name: _____ Date of Application: _____

Current Grade: _____ Date of Birth: _____ Grade Requesting: _____

Please list Name, Grade of siblings (if any) currently enrolled in the Berkshire Hills Regional School District:

Please list school your child is currently attending (if any): _____

Parent/Guardian Name: _____ (please check one) Parent Guardian**
** If Guardian, we will need proof of Legal Guardianship if accepted during the lottery process

Residential Address: _____
Street Address City/Town State Zip

Mailing Address: _____
Mailing Address City/Town State Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail Address: _____

I certify that my child has not been suspended from school for a total of five (5) or more days in the preceding school year.

I certify that my child has not had a total of five (5) or more days of unexcused absences in the preceding school year.

Records of the above will be verified before the School Choice admission process is completed.

Signature: Parent/Guardian