

 **Berkshire Hills Regional School District**

 ***Great Barrington Stockbridge West Stockbridge***

*50 Main Street, P.O. Box 617, Stockbridge MA 01262 (413) 298-4017 ext. 719*

**School Choice Application Request – Kindergarten through Grade 12**

**2023 - 2024 School Year**

***Please e-mail this form to*** ***schoolchoice@bhrsd.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:

Signature: Parent/Guardian