



Southwick-Tolland-Granville  
 Regional School District  
 86 Powder Mill Road  
 Southwick, MA 01077  
 Phone: 413.569.5391  
 Jennifer C. Willard, Superintendent

FOR DISTRICT USE ONLY: Date Received: _____ Accepted: ___Y ___N Enroll By: _____ Notes _____
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### SCHOOL CHOICE APPLICATION

Admission Application to Southwick-Tolland-Granville Regional School District as a Non-Resident Student

Please Print Clearly

\_\_\_\_\_   
 Anticipated Enrollment Date

\_\_\_\_\_   
 Entering Grade

\_\_\_\_\_   
 School Preference

**STUDENT INFORMATION**

Student's Full Name: \_\_\_\_\_   
 Last

\_\_\_\_\_   
 First

\_\_\_\_\_   
 M.I.

\_\_\_\_\_   
 Male

\_\_\_\_\_   
 Female

Home Address: \_\_\_\_\_   
 Street

\_\_\_\_\_   
 City/Town

\_\_\_\_\_   
 State

\_\_\_\_\_   
 Zip Code

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_   
 Month

\_\_\_\_\_   
 Day

\_\_\_\_\_   
 Year

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_   
 Home Address if Different

\_\_\_\_\_   
 Primary Phone Number

\_\_\_\_\_   
 Email

**SCHOOL CURRENTLY ATTENDING:**

\_\_\_\_\_   
 School Name

\_\_\_\_\_   
 City/Town

\_\_\_\_\_   
 State

\_\_\_\_\_   
 Grade

Why do you wish to enroll your child in the Southwick-Tolland Granville Regional School District?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION:**

Has your child been suspended or expelled in the last 2 years?

\_\_\_\_\_   
 Yes No

If yes, when and from what school? \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_   
 Date