## LITTLETON PUBLIC SCHOOLS

## APPLICATION/REGISTRATION FOR SCHOOL CHOICE 2024/2025

STUDENTNAME		
(LAST)	(FIRST)	(MIDDLE)
STUDENT ADDRESS	TREET) (OITVITOMAI) (7	D)
(5	TREET) (CITY/TOWN) (ZI	Ρ)
PRIMARY CONTACT INFORMATION: [Circle One]	Mother Father G	uardian
NAME:H	ome Phone #:	Cell #:
EMAIL:	_	
PHYSICAL ADDRESS: [if different than student's]	Street City/	Fown, State Zip Code
	•	, 1
MAILING ADDRESS: [if different than physical] _		Fown, State Zip Code
	Street City/	Town, State Zip Code
BIRTH DATE/PLACE OF BIRTH	(2) (2) (2)	
	(CITY/TOWN)	STATE/COUNTRY)
PREVIOUS SCHOOL	GRADE LEVEL SO	:HOOL YEAR 2022/2023
PREVIOUS SCHOOL ADDRESS		
	(STREET) (CITY/TOWI	N) (ZIP)
GRADE ENTERING 2024/2025 (circle) K 2	<u>4 5 6 8 9 1</u>	<u>10 11 12 </u>
LIST OF ACTIVITIES YOU WOULD LIKE TO PART	ICIPATE IN: (sports, club	s, drama, music, etc.)

It is the policy of the Littleton Public Schools not to discriminate on the basis of race, gender, religion, national origin, color, homelessness, sexual orientation, age or disability in its educational programs, services, activities or employment practices. Further information may be obtained by contacting Lyn Snow, District Equity Coordinator at 978-540-2500,lsnow@littletonps.org or 33 Shattuck Street, P.O. Box 1486, Littleton, MA 01460.

VHY DO YOU WISH TO ATTEND THE LITTLETON PUBLIC SCHOOLS?		
Sibling Information if currently enrolled in Littleton Public School Choice Program:		
Name:	_ M F N Grade:	
Name:	_ M F N Grade:	
Name:	_ M F N Grade:	
Name:	_ M F N Grade:	
PARENT/GUARDIAN SIGNATURE	DATE:	
STUDENT'S SIGNATURE	DATE:	

NOTE: Bus transportation is not provided for school choice students.

APPLICATION DEADLINE: June 7, 2024 by 12:00 NOON

(emailed applications will not be accepted)

Mail to or drop off at: Littleton Public Schools, School Department Attention: School Choice P.O. Box 1486 33 Shattuck Street Littleton, MA 01460

04.2024

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