

**SCHOOL CHOICE FORM
LENOX PUBLIC SCHOOLS
APPLICATION FOR ADMISSION (All Grades)**

STUDENT'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ TOWN _____ ZIP _____

HOME TELEPHONE _____ Parent WORK/CELL _____

GENDER: MALE _____ FEMALE _____

PRESENT GRADE _____ REQUESTED ENTRY DATE _____

PRESENT SCHOOL _____ ADDRESS _____

FATHER'S NAME _____ ADDRESS _____

MOTHER'S NAME _____ ADDRESS _____

SIBLING(S) ALREADY ENROLLED IN LENOX PUBLIC SCHOOLS? YES _____ NO _____

IF YES, NAME(S) AND GRADE(S) OF ENROLLED SIBLING(S) _____

DISCIPLINE RECORD:

Have you ever been charged or convicted of a felony? _____ If so, please describe. _____

Have you ever been suspended or expelled from any school? _____ If so, please describe. _____

Number of times assigned to in-school or out-of-school suspension in the last year _____

Number of times in after-school detention in the last year _____

I GIVE MY CONSENT FOR THE GUIDANCE COUNSELOR OR PRINCIPAL OF THE SCHOOL(S) ATTENDED IN THE LAST YEAR TO RELEASE INFORMATION RELEVANT TO ACADEMIC, DISCIPLINE AND SCHOOL CITIZENSHIP TO THE GUIDANCE COUNSELOR AT LENOX MEMORIAL MIDDLE AND HIGH SCHOOL OR MORRIS ELEMENTARY SCHOOL.

YES _____ NO _____

Parent/Guardian Signature

Student Signature

LENOX MEMORIAL MIDDLE AND HIGH SCHOOL INFORMATION ONLY:

PROGRAM SELECTION

PLEASE INDICATE THE COURSES YOU ARE PRESENTLY ENROLLED IN AND THE COURSES YOU WOULD LIKE TO ENROLL IN WHEN IN LENOX. DESIGNATE HONORS LEVEL COURSES IN BOTH PRESENT AND REQUESTED COURSES WITH AN "H".

PRESENT COURSES

REQUESTED COURSES

YOU MAY WISH TO CONSULT WITH OUR GUIDANCE COUNSELOR FOR ASSISTANCE WITH SELECTING COURSES.

THIS APPLICATION IS VALID ONLY FOR ONE SCHOOL YEAR.

DATE _____

Parent/Guardian Signature

DATE _____

Student Signature

Please return this form to:

**Lenox Public Schools
Superintendent Office
6 Walker Street
Lenox, MA 01240**