HARVARD PUBLIC SCHOOLS

www.psharvard.org

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Linda G. Dwight
Superintendent

Application for 2024/2025 School Choice Enrollment
Under the School Choice Law

Student's Name: _____
First Middle Last

Date of Birth: _____ Grade for 24/25:_____

Parent 1 Name: _____

_____
Address email address Work or Cell Phone

Parent 2 Name: _____

_____
Address email address Work or Cell Phone

Mailing Address: _____
(If different) Street Town Zip Code

Current School: _____

School's Address: _____

If applicable, Names of Sibling(s) Currently Attending Harvard Public Schools as Choice Students:
_____

Are you submitting applications for more than one child? YES/NO *(circle one please)*

Please be advised this does not guarantee a School Choice slot for other siblings

On the day of the lottery, if chosen, we will contact you by phone. You will have 24 hours to confirm/accept your child's choice slot (YES or NO). If confirmation is not received within 24 hours you will forfeit that grade slot.

Deadline for applications is April 30th and the lottery will be held on Friday, May 3rd

Notification of non-acceptance will be sent to each family by email.
Please email application to Karen Shuttle at kshuttle@psharvard.org phone: 978-456-1248