



# WARE PUBLIC SCHOOLS

Office of Superintendent  
Mary-Elizabeth Beach, Ed.D.

239 West Street, P.O. Box 240  
Ware, MA. 01082-0240

Tel. 413-967-4271  
Fax. 413-967-9580

## SCHOOL CHOICE APPLICATION FORM (\_\_\_\_\_SCHOOL YEAR)

This application is made and accepted under Massachusetts General Law, Chapter 76, Section 12B as amended by Chapter 71 of the Acts of 1993 (i.e. Education Reform Law), Section 61 and Ware School Committee guidelines as voted on March 11,2003. \*\*The Ware Public School District does not provide transportation.

Date: \_\_\_\_\_

Student name: \_\_\_\_\_ D O B: \_\_\_\_\_  
Last First Middle Initial

Residential Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
Town Zip Code

Mailing Address: (if different from above) \_\_\_\_\_

Telephone: \_\_\_\_\_ Grade Level Requested \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_  
Last First Middle Initial

Signature of Parent / Guardian: \_\_\_\_\_

For Ware Public Schools use only:

Date Received \_\_\_\_\_

\_\_\_\_\_  
Superintendent's Signature