

Holliston Public Schools
School Choice Application Procedures
2023-2024

The Holliston Public Schools will accept applications for a limited number of “seats” for non-resident students exclusively under the State’s School Choice Law. The number of “seats” available has not yet been determined.

1. Applications for School Choice may be obtained by contacting the Central Office, 370 Hollis Street, Holliston, MA 01746, telephone (508) 429-0654 extension 1139 or by email at “barryd@holliston.k12.ma.us”.
2. Applications for School Choice will be accepted by the Superintendent of Schools, via the U.S. Postal Service only between **April 1 – April 15, 2023**. NO APPLICATION WILL BE PROCESSED WITH A POSTMARK DATE PRIOR TO **APRIL 1, 2023**. Applications received with a postmark after **April 15, 2023**, will be placed on a waiting list in the order in which they are received.

Applications should be addressed to: Office of the
Superintendent of Schools School Choice
370 Hollis Street
Holliston, MA 01746

3. Admission will be determined by lottery, on a random basis, if number of applicants exceeds the number of available seats.
4. Students accepted for admission to the Holliston Public Schools will be notified by **June 8, 2023**. PLEASE NOTE THAT ACCEPTANCE INTO THE HOLLISTON PUBLIC SCHOOLS DOES NOT GUARANTEE PLACEMENT IN A PARTICULAR PROGRAM THAT YOU MAY HAVE REQUESTED. TRANSPORTATION TO/FROM SCHOOL IS THE RESPONSIBILITY OF THE PARENT. SCHOOL BUS TRANSPORTATION IS NOT AN AVAILABLE OPTION. Such acceptance for admission must be submitted in writing no later than **June 18, 2023**. Failure to do so may result in withdrawal of the acceptance for admission.
5. Students not accepted who wish to be considered for acceptance in “2024-2025” must reapply.



**Holliston Public Schools
Holliston, MA 01746**

**School Choice Application
2023-2024**

The Holliston Public Schools is accepting applications under current Massachusetts General Law, Chapter 76, Section 12B (School Choice).

Grade Entering 2023-2024: _____ Date of Birth: _____

Kindergarten applicants only: If your child will be entering Kindergarten, please indicate the order of preference (1-2-3) for programs you would be willing to accept. Do not indicate (1-2-3) if you are not willing to have your child enrolled in that particular program. The choices are:

() Traditional – Full Day
() Montessori – Full Day

() French Immersion – Full Day

Student's Name: _____
Last First M.I.

Address: _____
Street City/Town Zip Code

Parent/Guardian: _____
Last First M.I.

Telephone: _____ Email: _____

School Last
Attended _____
Name

Address of School Last Attended: _____ Phone: _____

If accepted as a "School Choice" student, I hereby authorize representatives of the Holliston Public Schools to receive and review copies of my school records.

Parent/Guardian Signature