

AMESBURY PUBLIC SCHOOLS

ELIZABETH MCANDREWS
SUPERINTENDENT OF SCHOOLS



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SCHOOL CHOICE APPLICATION

For Enrollment in the 2026-2027 School Year

Student Name: _____ Date of Application: _____

Address: _____

Current Grade: _____ Grade applying for: _____ Date of Birth: _____

Current District: _____ Current School Name: _____

Parent/Guardian Name: _____ **Parent or Guardian**

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Are there any custody issues or court orders? **YES** or **NO**

Are there any siblings currently attending any Amesbury Public Schools?

Name	Grade	DOB
	School Attending	
