

# Dudley- Charlton Regional School District

68 Dudley-Oxford Road

Dudley, MA 01571

Phone (508) 943-6888 Fax (508) 943-5956

## School Choice Application School Year 2026-2027

Date of Application: \_\_\_\_\_

Grade level of Student in **Sept. 2026**: \_\_\_\_\_

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_  
Last Name First Name Middle Name

Student Address: \_\_\_\_\_  
Street City Zip Code

Mailing Address (if different): \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

School That Student is Currently Attending (or Last School Attended):

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Does your student have sibling(s) currently enrolled in the Dudley-Charlton Regional School District? Yes \_\_\_\_ No \_\_\_\_

If yes sibling name(s): \_\_\_\_\_

School(s) and grade(s): \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

#### Parent/Guardian #1

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Parent/Guardian #2

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### SCHOOL OFFICIAL USE ONLY

Principal's Recommendation: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Approval: \_\_\_\_\_ Date: \_\_\_\_\_