

**To the parent/guardian of a student
applying for admission to the
Blackstone-Millville Regional School District
under the School Choice provisions of the
Educational Reform Act of 1993**

Please complete the information indicated on the application form and return the completed application to:

Office of the Superintendent of Schools
Blackstone-Millville Regional School District
175 Lincoln Street
Blackstone, MA 01504

Please mark the envelope “School Choice Application”.

Once applications have been processed, individuals may be required to interview with the building administrator.

All applications will be date stamped upon receipt. In the event more applications are received than may be accommodated at any grade level, a lottery will be conducted to determine who is accepted.

All applicants will be notified by mail of their acceptance or denial as a school choice student.

**SCHOOL CHOICE
Application Form**

School Year: _____

Name of Student: _____

Date of Birth: _____ Grade Entering: _____

School Last Attended: _____

Name of Parents: _____

Street Address: _____

City/Town: _____

Phone Number: _____

REASON FOR REQUESTING SCHOOL CHOICE CONSIDERATION:

I authorize the Blackstone-Millville Regional School District to obtain the student records
for my child, _____

Signature (Date)

Please include proof of residency (dated rent receipt, dated tax bill, dated utility bill, etc.) with your application. Failure to provide same will cause your application to be rejected.

If you have any questions, please feel free to contact the Superintendent's Office at 508-876-0137.