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# SCHOOL CHOICE APPLICATION

## 2023-2024

HUDSON PUBLIC SCHOOLS  
155 Apsley Street – Hudson – MA – 01749  
978.567.6100

PLEASE RETURN COMPLETED APPLICATION TO THE ABOVE ADDRESS, C/O SUPERINTENDENT OF SCHOOLS

### Student Information

Date of Application:

Name:

Date of Birth:

Gender:  M  F  Non-Binary

Home Telephone No:

Current Address (Street/Apt#):

City:

State:

Zip Code:

### Grade Level Requested ( Please Select One)

Elementary:

K  1  2  3  4

Quinn Middle School:

5  6  7

Hudson High School:

8  9  10  11

School Preference:

Farley ~  Forest Ave ~  Mulready

Has the applicant been expelled or suspended from any school?

YES

NO

If yes, please explain the circumstances on the reverse of this application.

### Current School Attending

Name of School:

Current Grade:

Address:

Telephone No:

City:

State:

Zip Code:

### Other Siblings Currently Attending the Hudson Public Schools

Name:

Grade:

Name:

Grade:

**NOTE: Transportation of School Choice students is the responsibility of the Parent/Guardian. School bus service for students living outside of Hudson is not provided. Acceptance of School Choice students is conditional upon availability. If there are more applicants than School Choice slots available, a lottery will be conducted and parents/guardians will be notified.**

### Parent/Guardian Information

Name:

Relationship to Student:

Home Telephone No:

Mobile Telephone No:

Signature:

Date:

*ANY INACCURATE INFORMATION GIVEN MAY RESULT IN REJECTION OF THIS APPLICATION*

### FOR SUPERINTENDENT'S OFFICE USE ONLY

Date application received:

Admitted to grade:  K  1  2  3  4  5  6  7  8  9  10  11

Start Date:

Placed on Waiting List:

Date:

Parent/Guardian Notified of Application status:

Date:

Superintendent or Designee Signature:

Date: