## LENOX PUBLIC SCHOOLS

## APPLICATION FOR ADMISSION: SCHOOL CHOICE

## Application Deadlines: LMMHS January 31 and Morris April 15

ESP: Si requiere Ud. servicios de interprete, informe al director de servicios estudiantiles. (413.637.5571)

Student's Name	Date of Birth	
Address	Town	Zip
Home Telephone	_ Parent Work/Cell #(s)	
Gender: Male Female		
Present Grade	(will confirm receipt of application) Requested Entry Date & Grade	e
Present School	Address	
Parent/Guardian	Address	
Parent/Guardian	Address	
Sibling(s) already enrolled in Lenox Public Sch	nools? Yes No	
If Yes, Name(s) and Grade(s) of Enrolled Sibling(s)		
DISCIPLINE RECORD: Have you ever been charged or convicted of a	a felony? If yes, please desc	ribe:
Have you ever been suspended or expelled fr	rom any school? If yes, pl	ease describe:
Number of times assigned to in-school or out	t-of-school suspension in the last yea	ır
Number of times in after-school detention in	the last year	
I GIVE MY CONSENT FOR THE GUIDANCE COU RELEASE INFORMATION RELEVANT TO ACADE AT LENOX MEMORIAL MIDDLE AND HIGH SCH	EMICS, DISCIPLINE AND SCHOOL CITIZ	ZENSHIP TO THE GUIDANCE COUNSELOR
Yes No	Date	
Parent/Guardian Signature	Student Signatur	 ?е

Non-discrimination and equal opportunity are the policy of the Lenox Public Schools in all of its educational programs, activities, and employment practices. No person shall be discriminated against or excluded from participation or workplace advancement on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, limited English proficiency, housing status, or disability.

## Please return this form to: Lenox Public Schools, Superintendent's Office, 6 Walker Street, Lenox, MA 01240 -OR- email to: execasst@lenoxps.org