

 **Berkshire Hills Regional School District**

 ***Great Barrington Stockbridge West Stockbridge***

*50 Main Street, P.O. Box 617, Stockbridge MA 01262 (413) 298-4017 ext. 719*

**School Choice Application Request – Kindergarten through Grade 12**

**2025-2026 School Year**

***Please e-mail this form to*** ***schoolchoice@bhrsd.org****or mail to the Superintendent’s Office at the address listed above.*

Student Name: Date of Application:

Current Grade: Date of Birth: Grade Requesting:

Please list Name, Grade of siblings (if any) currently enrolled in the Berkshire Hills Regional School District:

Please list school your child is currently attending (if any):

Parent/Guardian Name: (please check one) □ Parent □ Guardian\*\*

 \*\* If Guardian, we will need proof of Legal Guardianship if accepted during the lottery process

Residential Address:

 Street Address City/Town State Zip

Mailing Address:

 Mailing Address City/Town State Zip

Home Phone: Cell Phone:

Work Phone: E-Mail Address:

Signature: Parent/Guardian

***Revised 2023***

The Massachusetts School Choice Law (MGLc.76s12B) was enacted in 1991 to allow parents to send their children to public schools in communities other than their own in which they reside. Those School Districts who choose to participate in School, may designate a maximum number of available school choice seats for an upcoming year. If the number of applicants exceeds the number of available slots at any school or grade level, the District shall accept students based on a lottery to be held in March. **If accepted to attend within the district, students will NOT be eligible for district provided transportation. Parents/Guardians are required to transport their students to school and must do so in a timely manner to maintain enrollment.**