



GROTON-DUNSTABLE REGIONAL SCHOOL DISTRICT

344 Main Street * Groton, MA 01450-0729 * Tel.: 978.448.5505 * Fax: 978.448.1202

School Choice Application Form - 2026-2027 School Year

Student's Name: _____
Last First Middle

Address: _____
Number/Street City Zip

Name of Parent(s)/Guardian(s): _____
Last First Last First

Phone: _____ (home) _____ (cell) _____ (other)

Email: _____

Preferred Method of Contact: _____

Grade: _____ (as of Sept. 1, 2026) Sex: M / F (*circle one*) DOB: _____

School Previously Attended: _____

Public / Private (*circle one*)

School Address: _____

Do you have another child in the Groton-Dunstable Regional School District? Y / N (*circle one*)

Are you submitting applications for more than one child? Y / N (*circle one*)

Please submit a separate application for each child

Other Children in Family:

Name	DOB	Grade as of Sept. 2026	School Where Currently Enrolled

For Office Use Only: (Do not write below this line)

Date Received _____ Lottery Number _____
Date Notified Parent _____ Accepted _____ Declined _____

I agree to provide all registration information required of resident children who wish to attend school in the District, such as a birth certificate and immunization records. In addition, I agree to sign a statement permitting the release of all records concerning my child(ren) including, but not limited to, academic records, special education records, health records and discipline records kept by the current school to representatives of the Groton-Dunstable Regional School District.

I understand and agree that:

- ❖ The decision to admit my child is subject to the determination by the Superintendent that there is space available in the particular grade and /or classes in which my child seeks to participate and that her/his attendance in the Groton-Dunstable Regional School District will not require additional staffing;
- ❖ I am responsible for the provision of transportation;
- ❖ I am responsible for the payment of any user fees that are applicable to resident children, e.g. fees to participate in athletics, band, or field trips

Please be advised that students enrolled under School Choice will be admitted based on the availability of space and an appropriate program. A lottery will be held if the number of applicants exceeds the available space.

Signature of Parent/Guardian

Date: _____

Return to: Office of Superintendent
 Attn: School Choice
 344 Main Street
 Groton, MA 01450-0729

Completed forms can also be emailed to studentregistration@gdrsd.org.

The above listed student has been approved for enrollment under School Choice.

Signature of Superintendent: _____

School: _____

Please return this form no later than June 30th, 2026