

MAYNARD PUBLIC SCHOOLS

3-R Tiger Drive
Maynard, MA 01754
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Robert J. Gerardi, Jr., Ph.D., Superintendent of Schools

www.maynardschools.org

SCHOOL CHOICE ADMISSION APPLICATION

Student Name: _____

Student Address: _____

Current School System: _____

Current School / Grade: _____

Anticipated Grade in September: _____

Student Birth Date: _____

Age as of September 1: _____

Parent/Guardian Name: _____

New Address / Town _____

Telephone Number: Day: _____ Evening: _____

Is the student a sibling of a current Maynard Public School Student: Yes ___ No ___

Is the student a child of a Maynard Public School Employee: Yes ___ No ___

Parent / Guardian Signature

Date

Please complete all of the requested information and submit this form to the address above.
Or fax to 978 897-4610.