

MOHAWK TRAIL REGIONAL SCHOOL DISTRICT

INTRA

(residing WITHIN the Mohawk K-12 District)

SCHOOL OF CHOICE APPLICATION

2026– 2027 SCHOOL YEAR

Student: _____

Parent/Guardian: _____

Address: _____

Mailing Address (if different): _____

Phone: (day) _____ **(late afternoon)** _____

School your son/daughter would like to attend: (check one)

_____ **Buckland-Shelburne Elementary School**

_____ **Colrain Central School**

_____ **Sanderson Academy (Ashfield)**

Why did you choose this school? _____

Which grade will your son/daughter be entering? _____

School your son/daughter is now attending: _____

Why did you choose to leave this school? _____

Address: _____

Phone: _____

Please return this application to the address below or contact Shana Garcia at 413-625-0192 extension 1010. Thank you!

**School Choice Program – Attention Shana Garcia
Mohawk Trail Regional School District
24 Ashfield Road
Shelburne Falls, MA 01370**

(For Office Use Only)

_____ **Applicant Approved**

_____ **(Principal Signature)**