Petersham Center School

Spirit of Inquiry

Dr. Elizabeth Zielinksi, *Superintendent*
Aaron O'Connor, *Principal*

P.O. Box 148
Petersham, MA 01366
(978)724-3363
FAX (978)724-6687

APPLICATION FOR ADMISSION AS A SCHOOL CHOICE STUDENT FOR THE 2025-2026 SCHOOL YEAR

Student's Full Name: _____Date of Birth:_____

Address: _____

Parent Email: _____Phone #: _____

Name and Address of Child's Present School (if applicable): _____

_____

Any additional information you'd like to provide on your child: _____

_____

Grade student will be entering in August:_____

Why do you wish to enroll your child(ren) in the Petersham Center School? _____

_____

_____

_____ _____ _____

Signature of Parent/Guardian Printed Name Date

The Petersham Elementary School is committed to ensuring that no student is denied access to any educational program or other activity of the Petersham Center School for reason of race, color, national origin, religion, creed, age, handicap, gender or any other reason.

PLEASE NOTIFY THE PETERSHAM CENTER SCHOOL OFFICE OF ANY ADDRESS CHANGES. THANK YOU.

*Please note that there may be a limited number of School Choice seats and participation in the School Choice Program is determined by the Petersham School Committee annual vote.