

# AMESBURY PUBLIC SCHOOLS

**ELIZABETH MCANDREWS**  
SUPERINTENDENT OF SCHOOLS



**JOAN LIPORTO**  
DIRECTOR OF FINANCE AND OPERATIONS

**MARTHA ROBINSON**  
INTERIM DIRECTOR OF STUDENT SERVICES

**CHRISTOPHER HEATH**  
INTERIM DIRECTOR OF TEACHING,  
LEARNING & EQUITY

5 Highland Street  
Amesbury, MA 01913  
Tel : 978-388-0507  
Fax : 978-388-7224

## SCHOOL CHOICE APPLICATION

*For Enrollment in the 2025-2026 School Year*

Student Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade applying for: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current District: \_\_\_\_\_ Current School Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ **Parent or Guardian**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are there any custody issues or court orders? **YES or NO**

\_\_\_\_\_

Are there any siblings currently attending any Amesbury Public Schools?

| Name | Grade | DOB |
|------|-------|-----|
|------|-------|-----|

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| School Attending |  |  |
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