

FRONTIER REGIONAL/UNION #38 SCHOOL DISTRICTS  
CONWAY GRAMMAR SCHOOL

SCHOOL CHOICE APPLICATION FORM

STUDENT NAME:

DATE OF BIRTH

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

M/D/Y

LAST SCHOOL ATTENDED:

\_\_\_\_\_

School Name

\_\_\_\_\_

City/Town

Grade Student will be entering \_\_\_\_\_

Why do you wish to enroll your child in the Conway Grammar School?

Kindly note that Conway Grammar School is not responsible for providing transportation to and from school.

Please check if you would like your name given to other residents of your town for carpooling...

Yes \_\_\_ No \_\_\_

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Address

Telephone \_\_\_\_\_

Date \_\_\_\_\_

The Conway Grammar School is committed to insuring that no student is denied access to any Educational Program or other activity of the Conway Grammar School for reason of race, color, national origin, religion, creed, age, handicap, gender or sexual orientation.