



NASHOBA

Regional School District

Elizabeth Garreffi, Early Childhood Coordinator
(978) 779-0539 x3008



Preschool Lottery Application

School Year: September 2023 – June 2024

Please return this application by JANUARY 20, 2023 or sooner

Child's Name _____ **DOB** ____/____/____
First Middle Last

Address _____ **Town** _____

Parent/Guardian Name _____ **Child's Place of Birth** _____

Contact Phone # _____ **Email address:** _____

Please select a program that best meets your child's needs. Please know that you are not guaranteed your first choice, we will make every effort to accommodate your preference.

PRIORITIZE YOUR TOP 3 CHOICES WITH #1 BEING YOUR FIRST CHOICE, ETC.

- | | | |
|-----------------------------|------------------------------------|-----------------|
| Five Day / Full Day Class | (Mon. – Fri.) 8:45 – 2:15 | _____ Stow |
| Three / Half Day Class (AM) | (Tues., Wed., Thurs.) 8:45 – 11:15 | _____ Stow |
| Three / Half Day Class (PM) | (Tues., Wed., Thurs.) 11:45 – 2:15 | _____ Stow |
| Five / Half Day Class (AM) | (Mon. – Fri.) 8:45 – 11:15 | _____ Bolton |
| Three / Half Day Class (PM) | (Tues., Wed., Thurs.) 11:45 – 2:15 | _____ Bolton |
| Three / Half Day Class (AM) | (Tues., Wed., Thurs.) 8:45 – 11:15 | _____ Lancaster |
| Three / Half Day Class (PM) | (Tues., Wed., Thurs.) 11:45 – 2:15 | _____ Lancaster |

Parent's Signature _____ **Date** _____

**Send application to:
Nashoba Regional School District
50 Mechanic Street, Bolton, MA 01740
Attn. Linda Milton / Preschool Lottery
Or email lmilton@nrsd.net**

LOTTERY FORM

I wish to apply for enrollment in The Integrated Preschools for 2023/2024

Child's Name _____ **D.O.B.** ____/____/____
First Middle Last

Age as of August 31, 2023 _____ years old. **Parent's Name:** _____

Contact Phone # _____ **Email:** _____

Town of Residence: _____