



**LEDYARD PUBLIC SCHOOLS
SCHOOL CHOICE VALIDATION FORM**

Choice School _____ Grade _____

Date of Entry _____

Please check if your child has:

◆ Individualized Education Plan (IEP) or 504 Plan

◆ Previously attended a Ledyard school Yes No

If yes, school name and date _____

A. Student Information	
◆ Student Name	
◆ Home Address	

B. Parent/Guardian Information	
Contact 1:	
◆ Name/Relationship	
◆ Home Address	
◆ Home Phone	
◆ Work Phone	
◆ Cell Phone	
◆ E-Mail Address	
Contact 2:	
◆ Name/Relationship	
◆ Home Address	
◆ Home Phone	
◆ Work Phone	
◆ Cell Phone	
◆ E-Mail Address	

Please indicate if you want to be included in our Automated Phone Messenger System:

Yes No