

# Richmond Consolidated School District

1831 State Road

Richmond, MA 01254

Office of the Superintendent: Telephone (413) 698-4001 Fax (413) 698-4003

Office of the Principal: Telephone (413) 698-2207 Fax: (413) 698-3199

www.richmondconsolidated.org

**Dr. Beth N. Choquette**, *Superintendent/Principal*

**Amy Scott**, *Administrative Assistant to the Superintendent and Director of Special Education*

**Natalie Gingras**, *Administrative Assistant to the Principal*

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## Preschool Application Request 2025-2026 School Year

Please e-mail this form to [ngingras@richmondconsolidated.org](mailto:ngingras@richmondconsolidated.org) or mail to the School Office at the address listed above.

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

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Requesting: \_\_\_\_\_

Please list Name, Grade of siblings (if any) currently enrolled in the Richmond School:

\_\_\_\_\_  
\_\_\_\_\_

Please list school your child is currently attending (if any): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ (please check one)  Parent  Guardian\*\*

\*\* If Guardian, we will need proof of Legal Guardianship if accepted during the lottery process

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

Street Address

City/Town

State

Zip

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

Mailing Address

City/Town

State

Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

How did you hear about Richmond Consolidated School?

\_\_\_\_\_  
\_\_\_\_\_

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Signature: Parent/Guardian