



The Sharon Cooperative School, Inc.
School Year Application

Please circle the days of the week the child will be attending:

Monday Tuesday Wednesday Thursday Friday
 Full day Full day Full day Full day Full day

Child's Name: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____

Parent's Name: _____ Parent's Name: _____

Occupation: _____ Occupation: _____

Cell Phone: _____ Cell phone: _____

Email: _____ Email: _____

Siblings: _____

Please describe what is unique and wonderful about your child: _____

Are there any behavioral or physical factors which require special consideration? _____

Eye color: _____ Hair color: _____ Race: _____

Height: _____ Weight: _____ Sex: _____

Identifying marks: _____

The Sharon Cooperative School, Inc. admits students of any race, color, national origin, ethnic origin, gender, gender identity, religion, cultural heritage, or disability to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, ethnic origin, gender, gender identity, religion, cultural heritage, political beliefs, marital status, sexual orientation, or disability in administration of its educational policies, admission policies, scholarship and loan programs, and other school-administered programs.

For more information about our enrollment process and our school in general, please check out www.sharoncoop.org. To enroll your child, please complete this application and return to The Sharon Cooperative School, Inc., 29 North Main Street, Sharon, MA 02067. We can be reached at 781-784-2966. Our email address is sharoncoop@me.com. Thank you for considering our school.