



School Year: _____

New Bedford Public Schools
School Choice Request

(For Non- New Bedford Residents Only)

Instructions: Complete and submit this form to the Deputy Superintendent's Office, Room 140, 455 County Street, New Bedford, MA 02745 no later than **March 31st**.

Student's Last Name **First Name** **M.I** ____/____/____
Date of Birth **Grade (For Sept.)**

Student's Last Name **First Name** **M.I** ____/____/____
Date of Birth **Grade (For Sept.)**

Current Home Address: _____

City of Residence: _____

School Now Attending: _____

Elementary Middle High School

School Requesting to Attend: _____

Elementary Middle High School

Is the student currently receiving:

SPED SERVICES? YES NO

ESL INSTRUCTION? YES NO

MKV/DCF/MIGRANT YES NO

Family Information

Parent or Guardian (1)

Name: _____

Telephone: _____

Email: _____

Parent or Guardian (2)

Name: _____

Telephone: _____

Email: _____

REASON FOR REQUEST

Siblings at the Requested School

Older sibling attends requested school in grade _____, Name of Sibling _____

Family Move

Completion of this school year only due to family move.

Medical or Unique Hardship

Documentation that can be verified must be submitted with this form.

NBPS Employee

Other

Please Explain: _____

*Request forms must be submitted no later than **March 31st** each school year. In the absence of extenuating circumstances, late applications will not be processed. Requests may be granted if room is available. NBPS requires students to adhere to Attendance, Discipline and other school policies. **Parents/Guardians will be notified with a written notice by May 1st.***

It is the policy of this school district to admit non-resident students under the terms and conditions of the Inter-district School Choice Law (M.G.L. 76:12b.) For further information see NBPS policy: JFBB-School Choice.

I understand that, unless otherwise indicated, if this request is approved, I must provide my own transportation to the new school.

Parent/Guardian Signature: _____

Date ____/____/____

Office Use Only

Deputy Superintendent Signature: _____

Approved YES NO

Date: ____/____/____

Date entered into ASPEN: _____