



NEW BEDFORD PUBLIC SCHOOLS
SIGNATURE SCHOOL PROGRAM STATEMENT
SCHOOL YEAR: _____

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

Signature School Program Desired <i>(Please check)</i>	
<input type="checkbox"/>	Alfred J. Gomes Elementary School: Language and Global Education
<input type="checkbox"/>	Casimir Pulaski Elementary School: Visual and Performing Arts

Why do you want your child to attend this Signature School Program? *(Please explain)*

Please note: If your request is approved, **transportation will be provided only for eligible students** based on the transportation district policy. If your child **is not eligible for bus, you must provide your own transportation** to the Signature School. Signature School Program requests will be processed **by May 1st**, at which time you will be notified with a WRITTEN NOTICE. Requests may be granted if space is available in the grade requested. Siblings are considered first.

Please list **Siblings** currently attending the Signature School you requested:

Name:_____ DOB:_____ School:_____ Grade:_____

Name:_____ DOB:_____ School:_____ Grade:_____

Name of Parent(s)/Guardian:_____

Parent(s) Signature:_____ Date:_____

Please Return completed form to: The Family Registration Center – Room 105 (New Bedford Public Schools. 455 County St. New Bedford, MA 02740)

Office Use Only: ** Check ALL those that apply and ask Special Education and English Learner Office to confirm:

SPED YES NO EL YES NO Homeless/Foster/Migrant YES NO

Review by Principal: YES (initials) _____ NO Eligible for bus: YES NO

Approved by Central Administration: YES NO By:_____ Date:_____

Denied Reason _____ Entry into ASPEN by _____