



NEW BEDFORD PUBLIC SCHOOLS

SCHOOL CHOICE REQUEST

School Year: _____

Instructions: Complete and submit this form to the Family Registration Center - Room 105 (Fax 508-999-4037), New Bedford Public Schools, 455 County Street, 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.)

_____	_____
Home Address	Telephone

E-mail Address

_____	_____
City of Residence	School Now Attending

School Requested: _____ Elementary _____ Middle _____ High

(School's Name) (School's Name) (School's Name)

Father: _____ Mother: _____

Personal Telephone: _____ Personal Telephone: _____

Employment Telephone: _____ Employment Telephone: _____

IS STUDENT CURRENTLY RECEIVING:

SPED SERVICES? YES NO ESL INSTRUCTION? YES NO MKV/DCF/MIGRANT YES NO

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.
- Signature School** [Click here for Signature Schools Application](#)
Additional written statement needed (see attachment).
- 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 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** ____/____/____

Check here if NBPS employee or if you have attached other relevant information.

Office Use Only:

YES NO Approved

By: _____ Date: ____/____/____ Entry into ASPEN by _____

(PRAB Administrator) (FRC Staff) 3.1.2022