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.)
____/____/____

____/____/____

Home Address Telephone

E-mail Address

City of Residence School Now Attending

School Requested: ________________________________ (School’s Name) Elementary ________________________________ (School’s Name) Middle ________________________________ (School’s Name) High

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