



NEW BEDFORD PUBLIC SCHOOLS
CHANGE OF SCHOOL ASSIGNMENT
MAGNET PROGRAM REQUEST

School Year: _____

Instructions: Complete and submit this form to the Family Welcome 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.)

_____ Telephone _____

_____ E-mail Address _____

_____ Neighborhood School _____ School Now Attending _____

Magnet School Requested: **CARNEY** _____ **GOMES** _____ **PULASKI** _____

Father: _____ Mother: _____
 Personal Telephone: _____ Personal Telephone: _____
 Employment Telephone: _____ Employment Telephone: _____

IS STUDENT CURRENTLY RECEIVING:
 SPED SERVICES? YES NO ESL INSTRUCTION? YES NO FORMER MKV/DCF YES NO

REASON FOR REQUEST

- Magnet School Programs Desired**
Statement that explain why you want your child to attend a Magnet Program must be submitted with this form.
- 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.
- Dual Language Education Program**
Bilingual Education Commitment from K-5.

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. Change of School Assignment-Magnet Program Requests will be processed by May 1st at which time Parents/ Guardians will be notified with a written notice.

I understand that, unless otherwise indicated, if this request is approved, transportation will be provided only for eligible students.

Parent/Guardian Name _____
 Parent/Guardian Signature _____ Date ____/____/____

Office Use Only:

YES Approved Denied- No reason documented YES NO Eligible for Bus
 By: _____ Date: ____/____/____ Entry into ASPEN by _____