

Intensive Studies Program (ISP)

Cambridge Public Schools

Family Resource Center

15 Upton St., Cambridge, MA 02139

Telephone # 617-349-6551 Fax # 617-349-6552 www.cpsd.us

Application Requirements:

Please submit ONE of the following three items with your child's application:

- One page essay written by the applicant indicating why they are interested in the program.
- Current year grades of B or better, or equivalent, based on reporting process used by student's school.
- Teacher Recommendation

STUDENT INFORMATION:

Last Name _____ First Name _____ Middle Name _____

Address: _____ City: _____ Zip Code: _____

DOB: ____ / ____ / ____ Grade Entering: _____

Current School: _____ Current Grade: _____ Current Teacher: _____

Gender: Male Female

Ethnicity: (circle one) Hispanic/Latino Not Hispanic/Latino

Race: (circle all that apply) Native American Black/African American
Asian/Pacific Islander Caucasian/White

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name(s): _____ Home Phone: _____

Work Phone: _____

SPECIAL EDUCATION & BILINGUAL INFORMATION:

Is your child currently receiving special education services? **Yes No**
If yes, please circle: Speech Physical Resource Help Self-Contained Classroom

Is your child currently attending a **Sheltered English Immersion** classroom? **Yes No**

School Choice: (Kennedy/Longfellow-158 Spring Street)

(Peabody-70 Rindge Ave)

1. _____

2. _____

To the best of my knowledge, the above information is true and correct. I understand that a variety of diversity factors will be used to assign students to the ISP Program. The significant factors that will determine assignments among eligible applicants are socioeconomic status, gender as well as the previous school attended in Cambridge.

Parent/Guardian Signature: _____ **Date:** _____