



NEW BEDFORD PUBLIC SCHOOLS

# CHANGE OF SCHOOL ASSIGNMENT (COSA) 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 31<sup>st</sup>**.

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

\_\_\_\_\_  
Home Address Telephone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Neighborhood School School Now Attending

\_\_\_\_\_  
School Requested

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Personal Telephone: \_\_\_\_\_ Personal Telephone: \_\_\_\_\_

Employment Telephone: \_\_\_\_\_ Employment Telephone: \_\_\_\_\_

Request forms must be submitted no later than **March 31<sup>st</sup>** each school year. In the absence of extenuating circumstances, late applications will not be processed. Requests may be granted if room is available. NBPS requires students to adhere to Attendance, Discipline and other school policies. Parents/Guardians will be notified with a written notice by May 1<sup>st</sup>.

## REASON FOR REQUEST *(Check the box that applies)*

- Siblings at the Requested School**  
Name / Grade of Sibling 1 \_\_\_\_\_ Name/Grade of Sibling 2 \_\_\_\_\_
- 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**  
Additional written statement needed (see attachment).
- Other** Please Explain: \_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Review by Principal:  YES (initials) \_\_\_\_\_  NO  Approved- to the end of school year only

COSA Approved by Central Administration  YES  Denied Reason \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(PRAB Administrator)*

Entry into ASPEN by \_\_\_\_\_  
*(FRC Staff)*