



NEW BEDFORD PUBLIC SCHOOLS

# CHANGE OF SCHOOL ASSIGNMENT (COSA) 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 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: \_\_\_\_\_

**CHECK ALL THOSE THAT APPLY TO YOUR CHILD:**

SPED  YES  NO      ESL  YES  NO      FORMER MKV/DCF  YES  NO

*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 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

- Siblings at the Requested School**  
Name / Grade of Sibling \_\_\_\_\_ Name/Grade 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.
- 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 Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only:**

YES  NO Approved       Approved - to the end of school year only       Denied- No unique hardship documented

By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Entry into ASPEN by \_\_\_\_\_