

# Transfer Request for MCPS Service School Assignment for Parentally-Placed Private/Parochial School Students with a Disability



MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
Rockville, Maryland 20850

MCPS Form 336-16  
January 2017

**INSTRUCTIONS:** Parents/guardians of private/parochial school students with a disability may request a different MCPS school if there is a hardship in using the home school location to access special education services for their student. If there is a change to the service school location, transportation may be requested, but is not guaranteed. If the parent/guardian of a parentally-placed private/parochial school student with a disability would like to request a different MCPS service school, they should complete Part I of this form and submit the form to the coordinator of the private/parochial school office in the Division of Business, Fiscal, and Information Systems (DBFIS), CESC, 850 Hungerford Drive, Room 225, Rockville, MD 20850.

## PART I: CHANGE OF SCHOOL ASSIGNMENT REQUEST. To be completed by parent/guardian. (please print)

Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Last First MI*

Type(s) of Special Education Services: Resource  Speech/Language Therapy

Private/Parochial School Student Attends \_\_\_\_\_ Current Grade \_\_\_\_\_

MCPS Home School \_\_\_\_\_ Requested MCPS Service School \_\_\_\_\_ Date of Request \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian:  Dr.  Mr.  Mrs.  Ms.  Miss \_\_\_\_\_

Address: \_\_\_\_\_ Home phone \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
*Street*

\_\_\_\_\_ Work phone \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
*City State Zip Code*

E-mail address \_\_\_\_\_ Cell phone \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Language spoken at home \_\_\_\_\_ TTY needed

Reason for request: Hardship—describe in detail below:

I understand that, unless otherwise indicated, if this request is approved: transportation is not guaranteed, and a new Form 336-16, *Transfer Request for MCPS Service School Assignment for Parentally-Placed Private/Parochial School Students with a Disability*, must be submitted if/when the student matriculates to the next education level and/or if the student changes schools.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature, Parent/Guardian Date*

## PART II: DEPARTMENT OF SPECIAL EDUCATION REVIEW

I have discussed this request with the principal of the requested school: Initials \_\_\_\_ Yes  No  School Name \_\_\_\_\_

Approved  Approved until the end of the current school year \_\_\_\_\_  Denied—Explanation \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature, Special Education Cluster Supervisor Date*

## PART III: DBFIS Action/Notification

Decision letter sent to:

- Parents/guardians  MCPS home school principal  MCPS requested school principal  Special education cluster supervisor  
 A copy of this document and decision letter were attached in the Online Special Services database

Action/notification completed by \_\_\_\_\_  
*Signature, DBFIS staff member Date*