MCPS
CLEAR FORM

Office of the Chief Operating Officer
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

REQUEST FOR CHANGE OF SCHOOL ASSIGNMENT

INSTRUCTIONS: The parent/guardian is to complete Part I and submit the form to the principal of the assigned home school from which the student wants to transfer no later than April 1. Read carefully the information provided in the *Change of School Assignment Information Booklet* before completing the form. Reference: Regulation JEE-RA: *Transfer of Students.*

PART I: CHANGE OF SCHOOL ASSIGNMENT REQUEST (please print)

Student _____ Birth Date ___/___/___ Sex: ☐ M ☐ F
Last *First* *MI*

Receiving Special Education Services No ☐ Yes ☐

Current School _____ Grade in School _____ as of Sept. (year) _____

Home School _____ Requested School _____ Effective Date ___/___/___

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:

1. **Hardship:** ☐ describe in detail—documentation that can be verified must be attached
2. **Exemption:** ☐ Older sibling attends requested school in grade _____; name of sibling _____
   ☐ Continue in feeder pattern from middle school to high school, except for boundary change
   ☐ Exempt countywide program _____ (see booklet for exempt programs)
   ☐ Family move, completion of this school year only due to family move

Request forms must be submitted between February 2 and April 1 for the next school year. In the absence of extenuating circumstances, late applications will not be processed.

I understand that, unless otherwise indicated, if this request is approved: 1) transportation is not provided by Montgomery County Public Schools; and 2) my son/daughter WILL NOT be eligible to participate for one year in high school interscholastic athletics.

_____ ___/___/___
Signature, Custodial Parent/Guardian *Date*

PART II: TRANSFER REVIEW AND AUTHORIZATION

SCHOOL REVIEW—To be completed by school from which student wants to transfer

Residency Verification has been completed Date ___/___/___ Student ID # _____

I have discussed this request with the parent/guardian Yes ☐ No ☐ School # _____

_____ ___/___/___
Signature, Principal (Signature does not constitute agreement/disagreement with the request but does verify that residency has been validated.) *Date*

FIELD OFFICE ACTION—To be completed by Field Office Supervisor

For Cross Field Office request, forward to the appropriate Field Office for final action.

Forwarded: *Date* ___/___/___ _____
Initials

Field Office Decision:

☐ Approved ☐ Approved, to the end of school year ____ ☐ Denied, does not meet guidelines

☐ Late, received after deadline without documentation of extenuating circumstances.

Comments: _____

_____ ___/___/___
Signature, Field Office Director *Date*

APPEALS: Must be made in writing (please state reason and any additional information) within 15 calendar days of the date of this decision to: **Office of the Chief Operating Officer, Montgomery County Public Schools, 850 Hungerford Drive, Room 149, Rockville, Maryland 20850**