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

MCPS CLEAR FORM

REQUEST FOR CHANGE OF SCHOOL ASSIGNMENT (COSA)

INSTRUCTIONS: The parent/guardian is to complete Part I and submit the form to the principal of the 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 (COSA) Information Booklet* before completing the form. Reference: Regulation JEE-RA: *Transfer of Students.*

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

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

Receiving Special Education Services No ☐ Yes ☐ 15 or more hours per week No ☐ Yes ☐

Current School _____ Grade in School _____ as of August 2012

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 no earlier than February 1 and no later than 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: 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*

FORWARD TO: Supervisor, Disciplinary Review and School Assignment Unit, 45 West Gude Drive, Suite 1300, Rockville, Maryland 20850

DISCIPLINARY REVIEW AND SCHOOL ASSIGNMENT UNIT (DRSAU) ACTION: To be completed by DRSAU.

Forwarded to: Consortium Office ☐ Special Education ☐ *Date* ____/____/____

DRSAU Decision:

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

☐ Late, denied, unable to process without documentation of extenuating circumstances.

Comments: _____

_____ ____/____/____
Signature, Disciplinary Review and School Assignment Unit Supervisor *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**