

# Request for Change of School Assignment (COSA)



MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MCPS Form 335-45  
December 2016

**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 the first school day in April. Read carefully the information provided in the [Change of School Assignment \(COSA\) Information Booklet](#) before completing the form. Reference: [MCPS Regulation JEE-RA, Transfer of Students](#).

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

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

Receiving Special Education Services No  Yes

Current School \_\_\_\_\_ Entering Grade \_\_\_\_ in September 2017

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:

- Hardship:**  describe in detail—**documentation that can be verified must be attached**
- 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  
 Family move, completion of this school year only due to family move

*Request forms must be submitted no earlier than the first school day in February 2017, and no later than the first school day in April 2017, for the 2017–2018 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; 2) the student WILL NOT be eligible to participate for one year in high school interscholastic athletics; and 3) the COSA may be rescinded for cause.**

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

## PART II: SCHOOL REVIEW. To be completed by school from which student wants to transfer.

Residency Verification has been completed Date \_\_\_\_/\_\_\_\_/\_\_\_\_ MCPS 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: Director, Division of Pupil Personnel Services (DPPS), 850 Hungerford Drive, Room 211, Rockville, MD 20850**

## PART III: DIVISION OF PUPIL PERSONNEL SERVICES ACTION. To be completed by DPPS.

Forwarded to: Consortium Office  Special Education  Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### DPPS Decision:

Approved  Approved, to the end of school year \_\_\_\_  Denied—No unique hardship documented

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

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature, Director or Coordinator, DPPS Date*

**APPEALS:** If denied by DPPS, appeal 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 43, Rockville, Maryland 20850.