



# Request for Change of School Assignment (COSA)

MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
Rockville, Maryland 20850

MCPS Form 335-45  
December 2018

**INSTRUCTIONS:** The parent/guardian is to complete Part I and submit the form to the principal of the student's home school no later than the first school day of April 2019. Read carefully the information provided in the [Change of School Assignment \(COSA\) Information Booklet](#) before completing the form. See [Board of Education Policy JEE](#), [Student Transfers](#), and [MCPS Regulation JEE-RA](#), [Student Transfers and Administrative Placements](#).

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

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

Receiving Special Education Services No  Yes

Current School \_\_\_\_\_ Entering Grade \_\_\_\_ in September 2019

Home School \_\_\_\_\_ Requested School \_\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone \_\_\_\_-\_\_\_\_-\_\_\_\_  
*Street* \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work phone \_\_\_\_-\_\_\_\_-\_\_\_\_

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

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

### Reason for request:

- Unique hardship—please describe in detail, documentation that can be verified must be attached to this form.
- Family move—completion of this school year only due to family move.
- Siblings—older sibling attends requested school in grade \_\_\_\_\_, name of sibling \_\_\_\_\_
- Intent to continue in feeder pattern for paired elementary schools (Automatic approval upon COSA form submission)
- Intent to continue in feeder pattern from middle school to high school, except for boundary change, for previously approved middle school COSA. (Automatic approval upon COSA form submission)
- Student assigned to Poolesville Elementary School who wishes to attend Monocacy Elementary School (Automatic approval upon COSA form submission)

*Request forms must be submitted no earlier than the first school day in February 2019, and no later than the first school day of April 2019, for the 2019–2020 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, and the approved school is out of the student's feeder pattern: 1) transportation is not provided by MCPS; 2) if student is in high school, the student must attend the new school for one calendar year before being eligible to participate in athletics (absent a waiver); and 3) the approved school principal may request to have the student's COSA rescinded with proper cause. (See MCPS Regulation JEE-RA).**

**The information as submitted on this form and on any attachments is accurate, complete and true to the best of my knowledge. I understand that falsification of any information submitted shall be cause for denial of the COSA.**

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

## PART II: SCHOOL REVIEW. To be completed by the principal of student's home school.

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 and Attendance Services (DPPAS), 850 Hungerford Drive, Room 211, Rockville, MD 20850

## PART III: DPPAS ACTION. To be completed by DPPAS.

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

### DPPAS Decision:

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

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

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

**APPEALS:** If denied by DPPAS, the 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.