

MONTGOMERY COUNTY PUBLIC SCHOOLS

Request for Change of School Assignment (COSA)MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rockville, Maryland 20850

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 2022. 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*.

Student Name _____ Birth Date ____/____/____
Last First MI

Receiving Special Education Services No Yes

Current School _____ Entering Grade ____ in August 2022

Home School _____ Requested School _____ Effective Date ____/____/____

Parent/Guardian: _____

Address: _____
Street City State Zip Code

Home phone ____-____-____ Work phone ____-____-____ Cell phone ____-____-____

Email address _____

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—sibling attends requested school in grade _____,
 name of sibling _____ Sibling's MCPS ID # _____
- Intent to continue in Grade 3–5 paired elementary schools for Bel Pre, Montgomery Knolls, New Hampshire Estates, Roscoe R. Nix, Rosemary Hills, and Takoma Park 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) **PLEASE NOTE:** This expires:
 (a) for students who entered Grade 6 for the 2021–2022 school year.
 (b) for students who entered Grade 3 for the 2021–2022 school year in the immersion program.
- Student assigned to Poolesville Elementary School who wishes to attend Monocacy Elementary School (Automatic approval upon COSA form submission)
- MCPS Staff member who works in a Title I School, Innovative School Year Calendar School, or Focus School, requesting a transfer for their own child to attend the school in which they work. Name of school you are employed _____.
- Academic Transfer (High School Only)** Indicate the program and the name of the high school _____.
 The review process considers space availability at the requested school and program availability at the student's home school. For more information, visit: <https://www.montgomeryschoolsmd.org/info/transfers/>.

Request forms must be submitted no earlier than the first school day in February 2022, and no later than the first school day of April 2022, for the 2022–2023 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 _____ Date ____/____/____
(Signature does not constitute agreement/disagreement with the request but does verify that residency has been validated.)

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—Does not meet criteria

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: Chief of Finance and Operations, Montgomery County Public Schools, 850 Hungerford Drive, Room 43, Rockville, Maryland 20850, AppealsTransferTeam@mcpsmd.org.