



NEW BEDFORD PUBLIC SCHOOLS
CHANGE OF SCHOOL ASSIGNMENT (COSA) REQUEST (New Bedford Residents)

School Year: _____

Instructions: Complete and submit this form to the Office of Student Services - Room 135 (Fax 774-206-4808), New Bedford Public Schools, 455 County Street, no later than May 1st.

Student's Last Name First Name M.I. Date of Birth Grade (For Sept.)
Student's Last Name First Name M.I. Date of Birth Grade (For Sept.)
Student's Last Name First Name M.I. Date of Birth Grade (For Sept.)

Home Address Telephone

E-mail Address

Neighborhood School School Now Attending
School Requested

Father: Mother:
Personal Telephone: Personal Telephone:
Employment Telephone: Employment Telephone:

Request forms must be submitted no later than May 1st each school year. In the absence of extenuating circumstances, late applications will not be processed. Requests may be granted if room is available. NBPS requires students to adhere to Attendance, Discipline and other school policies. Parents/Guardians will be notified with a written notice by June 1st.

REASON FOR REQUEST (Check the box that applies)

- Siblings at the Requested School
Family Move
Medical or Unique Hardship
Signature School
Other Please Explain:

I understand that if this request is approved, I must provide my own transportation to the new school.

Parent/Guardian Signature Date

Office Use Only: ** Check ALL those that apply and ask Special Education and English Learner Education Offices to confirm:
SPED YES NO EL YES NO Homeless/Foster/Migrant YES NO

Review by Principal: YES (initials) NO Approved- to the end of school year only

COSA Approved by Central Administration YES Denied Reason

By: Date: Entry into ASPEN by
(PRAB Administrator)