



Elementary Buffer Zone* School Request Form

Buffer Zone: parents/guardians of students residing in a buffer zone must request one of the designated elementary schools in the zone. A buffer zone is a defined area for which individual addresses may be assigned to more than one elementary school. The requests will be granted based on space availability. Students in these zones do not have a designated home school until such time as they are assigned to a school. Please complete the form below and return to: **Newton Public Schools, Elementary Education Office — Room 218, 100 Walnut Street, Newton, MA 02460.*

Please complete one (1) form per student. I am requesting placement for:

Check One <input type="checkbox"/> Current School Year (2018-2019)	<input type="checkbox"/> 2019-2020 School Year
Check One <input type="checkbox"/> New Student	<input type="checkbox"/> Current NPS Student School Currently Attending _____

Student Information		
Name	Date of Birth	Placement Grade Level
Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
Does the student/family currently reside at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO , please provide the following information: Expected move-in date _____ Current address _____		

Parent/Guardian Contact Information		
Name		
Home Phone	Work Phone	Cell Phone
E-Mail Address		

Siblings		
Name	Current Grade	School Attending

Please circle the two neighborhood elementary schools assigned to your address.

**Those residents unsure of their neighborhood school(s) may check the homepage of the NPS website at www.newton.k12.ma.us using "Find Your School".*

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|-------------|--------------------|-------------|---------------|
| Angier | Bowen | Burr | Cabot |
| Countryside | Franklin | Horace Mann | Lincoln-Eliot |
| Mason-Rice | Memorial-Spaulding | Peirce | Underwood |
| Ward | Williams | Zervas | |

Name of Preferred School _____ **Reason for Preferred School Request** _____

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY	
Name of Approved School _____	Date _____
_____ Assistant Superintendent for Elementary Education	