

This form is required for parent(s)/guardian(s) who have moved within Newton, but would like to request that their child continue attending his/her current school. **Proof of residency/occupancy for the new address must be provided to your child's current school prior to submission of this form.** (For a list of acceptable proof of residency/occupancy documents visit our website at www.newton.k12.ma.us.)

Please complete one (1) form per student.

Student Information		
Name	Current School	Grade Level
New Newton Address		School Assigned to New Address (*Buffer Zone See Below)
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 _____		
*Is your new address in a buffer zone? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please complete the Buffer Zone section below		

*FOR BUFFER ZONE DESIGNATED ADDRESSES ONLY				
PLEASE CIRCLE THE TWO (2) ELEMENTARY SCHOOLS DISTRICTED TO YOUR ADDRESS				
Those residents unsure of their neighborhood school(s) may use "Find Your School" on the homepage of the NPS website at www.newton.k12.ma.us				
Angier	Bowen	Burr	Cabot	Countryside
Franklin	Horace Mann	Lincoln-Eliot	Mason-Rice	Memorial-Spaulding
Peirce	Underwood	Ward	Williams	Zervas

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

Siblings		
Name	Current Grade	School Attending

Reason for request _____

Signature of Parent/Legal Guardian

Date

Signature of Principal (Current School)

Date

IMPORTANT INFORMATION:

- Class size in a given grade, in a given year, in a specific school, may preclude any placements including siblings.
- Parents will be responsible for transporting their child to the out-of-assigned district school.
- If approved, the child must remain in the school requested for the duration of the school year.
- The parent/guardian will complete the form (above) and make an appointment to talk with the principal about the request.
- The parent will be responsible for returning the completed form to the Education Center – Room 218 (grades K-5).

For Office Use Only		
___ Approved ___ Denied	_____	Date: _____
Assistant Superintendent		