

**MONTGOMERY COUNTY PUBLIC SCHOOLS****2024–2025 Request for Change of School Assignment (COSA)**

**Request forms must be submitted no earlier than the first school day of February 2024, and no later than the first school day of April 2024, for the 2024-2025 school year. In the absence of extenuating circumstances, late applications will not be processed.**

**If using paper form, please print and use black ink.**

**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 2024. 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: To be completed by the Parent/Guardian.**

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

Receiving Special Education Services No  Yes

Current School \_\_\_\_\_ Entering Grade \_\_\_\_ in August 2024

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

**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participate in athletics (absent a waiver); and 3) the approved school principal may request to have the student's COSA rescinded with proper cause.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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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 # \_\_\_\_\_
- For students who entered Grade 3 for the 2021–2022 school year in the Immersion program and intend to continue in feeder pattern from middle to high school, **PLEASE NOTE: Valid through spring 2027 only.**
- 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)
- 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 name of the program \_\_\_\_\_.  
The review process considers space availability at the requested school and program availability at the student's home school.
- If submitted after April 2, 2024, please provide documentation with the reason the request is submitted after the deadline.**

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

Residency Verification has been completed Date \_\_\_\_/\_\_\_\_/\_\_\_\_ School # \_\_\_\_\_ MCPS Student ID # \_\_\_\_\_

I have discussed this request with the parent/guardian Yes  No  Date submitted to the school \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature, Principal \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature does not constitute agreement/disagreement with the request but does verify that residency has been validated.)

**FORWARD TO: [COSArequest@mcpsmd.org](mailto:COSArequest@mcpsmd.org)**

**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**  
 **Denied—Submitted after deadline, absent of emergency circumstances**

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 District Operations, Montgomery County Public Schools, 850 Hungerford Drive, Room 43, Rockville, Maryland 20850, 240-740-4130, [Divisionofappeals@mcpsmd.org](mailto:Divisionofappeals@mcpsmd.org).