

REQUEST FOR CHANGE OF SCHOOL ATTENDANCE AREA (COA)

The principals of the schools to be affected by the change of attendance area will discuss the best interests of the pupil in light of his/her overall educational program, class sizes, building capacities, and any other pertinent factors. **The completed application including the signature of the receiving school's principal, a Sworn State of Residency, the Residency Verification (if applicable (doubled up) and must be notarized) and proof of address will be forwarded to the Director of Human Resources and Community Relations for final approval.** A written decision will be mailed to the parent and building principal.

School Year for Request

School Attending: _____ **Residence School:** _____ **Requested:** _____

Parent(s)/GUARDIAN(S) Name: _____
(Please Print)

OLD Address: _____ **Date Moved:** _____

Student(s):	Current Grade	Grade Next Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State Nature of Request: _____

Parent Signature

NEW Address
(Proof of new address must be attached)

Telephone

Date

PRINCIPAL'S RECOMMENDATION:

Approved: _____ Denied: _____ Reason for Denial: _____

Principal's Initials _____