

Change of Address/ Continuation in Placement Request Grades K through 5

This form is required for families who have moved within Newton. Proof of residency for a new address must be provided to your child's current school with the submission of this form. Proof of occupancy is required to be submitted within 30 days of move-in.

This form should be returned to the school your child is currently attending.

| Stude | ent Inform | ation | | Please complete one (1) form per student. | | | | | | | | |
|---|------------|-------|--|---|---------------|----------------|--|---------------------------|------------------|-------------|--------------------------------|--|
| Name | | | | | | Current School | | | | | Grade Level | |
| New Newton Address | | | | | | | | School Assigned to New Ac | | | dress (*Buffer Zone See Below) | |
| Does the student/family currently reside at this address? Yes No If NO, please provide the following information: | | | | | | | | | | | | |
| Expected move-in date Current address | | | | | | | | | | | | |
| *Is your <u>new address</u> in a buffer zone? | | | | | | | | | | | | |
| *FOR BUFFER ZONE DESIGNATED ADDRESSES ONLY Residents unsure of their neighborhood school(s) may use "Find Your School" database on the NPS website at www.newton.k12.ma.us | | | | | | | | | | | | |
| ELEMENTARY SCHOOL BUFFER ZONE: PLEASE SELECT THE TWO (2) ELEMENTARY SCHOOLS ASSIGNED TO YOUR NEW ADDRESS | | | | | | | | | | | | |
| | ☐ Angie | | | Bowen | | Burr | | Cabot | | | - | |
| | ☐ Frank | | | Horace Mann | | incoln-Eliot | | Mason-Rice | | | orial-Spaulding | |
| | ☐ Peiro | | | | ı V | Nard | | Williams | | Zervas | 3 | |
| Buffer Zone Preferred School: | | | | | | | | | | | | |
| Continuation in Placement Request | | | | | | | | | | | | |
| My family's new address is assigned to a different school. I am requesting approval for my child to continue in the current school placement. | | | | | | | | | | | | |
| Important Information Class size in a given grade, in a given year, in a specific school, may preclude any placements including siblings. If approved, parents will be responsible for transporting their child to the current school. If approved, the child must remain in the school requested for the duration of the school year. | | | | | | | | | | | | |
| Siblings | | | | | | | | | | | | |
| Name | | | | | Current Grade | | | | School Attending | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Parent/Guardian Contact Information | | | | | | | | | | | | |
| Nam | е | | | | | | | | | | | |
| Hom | e Phone | | | | | Work Phone | | | Cell Ph | one | | |
| E-Mail Address | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Signature of Parent/Legal Guardian | | | | | Date | | | | | | | |
| For Office Use Only | | | | | | | | | | | | |
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| Proof of Residency Provided Change of Address Approved Principal | | | | | | | | | | | | |
| □ Buffer Zone Home School | | | | | | | | | | | | |
| Assistant Superintende | | | | | | | | | itendeni | t | | |
| ☐ Continuation Request Approved | | | | | | | | | | | | |
| | | | | | | | | Assistant Superintendent | | | | |