



Secondary Continuation in Placement Request Form – Grades 6 through 12

NPS rev. 11.2018

This form is required for parent(s)/guardian(s) who have moved within Newton, but would like to request a continuation of placement in their child's 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**

MIDDLE SCHOOLS: PLEASE CIRCLE THE TWO (2) MIDDLE SCHOOLS DISTRICTED TO YOUR ADDRESS

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

Bigelow Brown Day Oak Hill

HIGH SCHOOLS: PLEASE CHECK IF YOU ARE IF YOU ARE IN THE HIGH SCHOOL BUFFER ZONE

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 214 (grades 6-12).

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