NOTIFICATION OF PUBLIC SCHOOL INFORMATION CHANGE

Please fax the completed form to:

Attn: Kerrie Anastas
FAX #: 781-338-3220

*Fields with an asterisk are required fields for all requests.

*Effective date for changes: _________________

*Contact name – person completing the form: ________________________________________________

*Tel. #: __________________ *Email address: __________________________________

*District code: ________ *District name:_____________________________________

*School code: ________ *School name: _______________________________________

School Name Change:

Previous name: _______________________________________________________________________

New name: ________________________________________________________________________

Grade Configuration Change (please provide all grades):

Previous grade configuration: __________________________________________________________

New grade configuration:______________________________________________________________

Reason for grade configuration (check one or more, if applicable):

☐ MCAS ☐ School closing(s) ☐ District reconfiguration

Other (provide explanation):____________________________________________________________

___________________________________________________________________________________

*Superintendent’s Signature __________________________________________________________