

NOTIFICATION OF PUBLIC SCHOOL INFORMATION CHANGE

Please fax the completed form to:

Attn: Kerrie Anastas
FAX #: 781-338-6530

***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** _____