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 _____________________________________________________________