

ATTLEBORO PUBLIC SCHOOLS
Attleboro, Massachusetts

File: JCA-E1

Request for Change of
Student School Assignment

To: _____ Date: _____
Assistant Superintendent
Attleboro Public Schools
100 Rathbun Willard Drive
Attleboro, MA 02703

From: _____
Name of Parent / Guardian

Address: _____

Phone: _____

Student: _____

Assigned School: _____

Requested School: _____

Current Grade: _____ Grade in Sept. 20__ : _____ Requested Effective Date: _____

Educational Reason for Request:
(This information will be shared with both principals involved in the assignment request.)

I understand that requests will be approved on a space-available basis and, if request is approved, I will be responsible for transportation for my child.

Signature: _____ Date: _____

Date of Approval/Denial _____

Authorized Signature: _____