# **NOTIFICATION OF NEW PUBLIC SCHOOL**

Please fax the completed form to:

\*Please note: All District changes should be submitted together at the start of each new school year.

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

If applicable, plea	se circle one or more of the following characteri	stic choices:
Innovation Schoo	bl Innovation Academy	Alternative Education School/Program
*All of the follow	ving fields are required:	
District code: 010	District name: Arlington Public Schools	School Effective Date: September 1, 2018
School name: Gi	bbs School	,
School physical a	ddress: 41 Foster Street, Arlington, MA 0247	4
School mailing ad	ldress (if different)	·
Grades offered: 6	-	
Principal's name:	Kristin L. DeFrancisco Certification #(r	equired): 332791
Phone number: 78	81-316-3783 Fax number: 781-316-37	17
Website: Arlingto	on.k12.ma.us Email address: kdefrancisco	@arlington.k12.ma.us
	erson completing the form: Jean Zilewicz Te zilewicz@arlington.k12.ma.us	1. #413-530-0977
<ul> <li>Have an assigned under an indeper at the school</li> <li>Operate at least 1</li> <li>Provide a minim hours per school</li> <li>Administer the N</li> <li>Submit all require by school, for ea For the curr</li> <li>Statistic Statistics</li> <li>Statistics</li> <li>Statistics</li></ul>	Adently negotiated contract, has authority over and response 180 days in a school year um of 900 hours per school year of structured learning t year of structured learning time to every student, if second ICAS at the appropriate grade levels ed ESE school-level data reports. The district may completed ch school. ent school year, the required reports are: audent Information Management Collection (3x/year) ducator Personnel Information Management System (2x) audent Course Schedule (2x/year) chool Safety and Discipline Report the I Data (Title I districts & schools only) echnology Plan Update areer & Technical Education Graduate Follow-up Report chedule 3 of the End of Year Financial Returns	erve as principal (with the exception of charter schools), is employed nsibility for all budget, personnel, educational, and operational matters ime to every student, if elementary school. Provide a minimum of 990 indary school. (603 CMR 27.02) olete the actual submission of the report, but the data must be reported /year) t (as applicable)
**Please note that the CMR 48.03.	ne above responsibilities may not necessarily apply to	an innovation school if ESE has approved a waiver request per 603

### Superintendent's Signature

Please remember that once a new school has been added to the directory, any subsequent changes and/or additions to the contact information must be maintained by the district.

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# **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: September 1, 2018

\*Contact name – person completing the form: Jean Zilewicz

\*District code:010

\*School code: 00100410

\*School name: Ottoson Middle School

\*District name: Arlington Public Schools

#### School Name Change:

Previous name:

New name: \_\_\_\_\_

### Grade Configuration Change (please provide all grades):

Previous grade configuration: 6, 7 & 8

New grade configuration: 7 & B

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

☐ MCAS	School closing(s)	X District reconfiguration	

Other (provide explanation):

\*Superintendent's Signature