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| New York State Education Department logo. | **NEW YORK STATE EDUCATION DEPARTMENT**  **PUBLIC SCHOOL REGISTRATION**  **TEMPORARY CHANGES IN LOCATION FOR SOCIAL DISTANCING**  **DUE TO THE COVID-19 PANDEMIC AND OTHER EXTENUATING CIRCUMSTANCES** |

This form is to be used by school districts to notify the New York State Education Department (NYSED or “the Department) of any temporary changes in location that are being made to provide safer environments and allow students to maintain social distance to help prevent the spread of COVID-19 or any other extenuating circumstances. Please complete and submit this form via e-mail to [schoolregistration@nysed.gov](mailto:schoolregistration@nysed.gov). In addition, please note the following:

* All location changes submitted on this form are **temporary**.
* Students who are temporarily relocated must receive instruction from teachers from the originating school and will be reported under the BEDS Code of the originating school for the school year in which they are temporarily relocated.
* Each request for relocation must include a resolution by the district’s board of education.  The resolution should include details regarding the requested changes:
  + - The District should notify the Department of temporary relocation changes even if its board has not yet ratified the changes officially.
    - To be flexible, final and retroactive approval can be obtained once the board resolution has been submitted.

**If the district is temporarily relocating students in more than one school, please provide a summary of the changes for each school. Also, please indicate how teachers will be assigned to their students in the new location.**

Should you have questions about temporary relocation changes, please contact the Office of Accountability via email at [schoolregistration@nysed.gov](mailto:schoolregistration@nysed.gov).

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| **District Name:** | **Contact Person** (only if different from Superintendent)**:** |
| **Superintendent:** | **Contact Phone:** |
| **Superintendent E-mail:** | **Contact E-mail:** |

| **School Name** | **BEDS Code** | **2020 - 21** | | | | | |
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| **Grade Levels** | **BEDS Day Enrollment** | **# of Total Students Being Temporarily Relocated** | **Summary of Temporary Student Relocation** | **Number of Teachers Being Temporarily Relocated** | **Will Relocated Students be Taught by Teachers from Other Schools? (Y/N)** |
| ***EXAMPLE:***  ***ABC School*** | ***012345678900*** | ***K-6*** | ***280*** | ***80*** | ***Move 5th grade students from ABC Elementary School to XYZ Middle School*** | ***4*** | ***N*** |
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Please add rows as necessary.