Commonwealth of Massachusetts
Bureau of Special Education Appeals (BSEA)
75 Pleasant Street, Malden, MA 02148
(781) 338-6400 (phone number)
(781) 338-3398 (fax number)

LEA Assignment Hearing Request Form

THIS FORM IS REQUIRED TO APPEAL A MASSACHUSETTS DEPARTMENT OF EDUCATION ASSIGNMENT OF SCHOOL DISTRICT RESPONSIBILITY PURSUANT TO 603CMR 28.10*

Required Assurance

No information is being provided other than what was made available to DOE:
603 CMR 28.10(9)(b)1 provides that a Hearing Request appealing a DOE assignment of responsibility must be based only on the information provided to DOE under 603 CMR 28.10(8)(b) and 603 CMR 28.10(8)(f) if applicable. Does the appealing party make assurance that no information is provided in this Hearing Request beyond what was made available to DOE when DOE made its assignment of responsibility?

☐yes ☐no

If no, this Hearing Request is ***premature***. Such new information should be forwarded to DOE with a request for review of the assignment in accordance with 603 CMR 28.10(8)(f).
If yes, continue with this Hearing Request.

I. Required Information

1. Student's name:

2. The School District appealing the assignment:

3. The School District(s) that the appealing party claims should have been assigned responsibility :
   (Any School District(s) named in item #3 shall be considered by the BSEA to be a party to this appeal.)

4. The date of the most recent notification of assignment by DOE: / /

5. The date of this Hearing Request (the Hearing Request must be filed within 60 days of # 4 above): / /

II. Person Requesting the Hearing

1. Name of the person requesting the hearing:

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* Description of the Appeals Hearing process:
A Special Education Appeals Hearing on the subject of a disputed assignment of school district responsibility is conducted in accordance with hearing procedures under 603 CMR 28.10(9). These procedures provide that a request for a hearing must be filed within 60 days of the most recent notification of assignment by the Massachusetts Department of Education (DOE). The Hearing Officer will issue a final written decision that is limited to a determination of the assigned school district and the effective date of such assignment. The Hearing Officer's decision may be appealed to state court within ninety days of receipt of the decision.

2. Please check one:

   ☐ Attorney for School District

   ☐ School District representative other than the attorney for the School District

   Identify the position of the representative:

3. Address:

4. Phone number(s): Home: ( ) - Work: ( ) - FAX Number: ( ) -

5. Email:

III. Description of the issue(s)

Please describe the basis for the appeal. Please be as complete and as specific as possible including dates, names, and places when appropriate. Use additional pages if needed.

IV. Opportunity for a decision without a hearing

Do you request a BSEA decision without a hearing? Such a decision would be based solely on the written record relating to the School District assignment. (If you indicate "yes" then all parties to the appeal must agree in order for the Hearing Officer to allow your request.) ☐**yes** ☐**no**

_____ _____
Signature of Person Requesting Hearing Date

This Form Must Be Sent To All Parties Below:

☐ **THE LEGAL OFFICE OF THE MASSACHUSETTS DEPARTMENT OF EDUCATION, and**
☐ **ALL SCHOOL DISTRICTS THAT ARE A PARTY TO THIS APPEAL (IDENTIFIED IN SECTION I, ITEMS #2 & #3 ABOVE), and**
☐ **THE BSEA.**

Please Sign Below To Certify That You Are Complying With This Requirement.

I certify that I am sending this hearing request form to the Department of Education's Legal Office and to all School Districts that are a party to this appeal and, at the same time, I am sending a copy to the BSEA.

_____
Signature