



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 DIVISION OF LEARNING SERVICES  
 OFFICE OF DATA SYSTEM MANAGEMENT

**REQUEST FOR LOCAL EDUCATIONAL AGENCY (LEA) OR ATTENDANCE CENTER CHANGES**

LEA NAME	COUNTY-DISTRICT CODE
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**INSTRUCTIONS**

Please complete this form for requesting changes to LEAs. Fax or email the completed form to (573) 526-4125 or email [dsm@dese.mo.gov](mailto:dsm@dese.mo.gov). Questions: Contact Office of Data System Management at (573) 522-3207 or email [dsm@dese.mo.gov](mailto:dsm@dese.mo.gov).

**INFORMATION FOR CHANGE(S)**

REQUESTED CHANGE(S)

ADD NEW BUILDING  
  CHANGES TO EXISTING BUILDING  
  DELETE EXISTING BUILDING  
  ADD NEW NONPUBLIC/PRIVATE AGENCY  
  NAME CHANGE

**ADD NEW BUILDING/NONPUBLIC/PRIVATE AGENCY**

BUILDING NAME	BUILDING GRADE SPAN	YEAR BUILDING WILL OPEN	NEW BUILDING PHONE
BUILDING ADDRESS	BUILDING CITY	BUILDING STATE	BUILDING ZIP CODE
NEW BUILDING FAX			

BUILDING NAME/BUILDING CODE OF BUILDINGS IMPACTED BY THIS CHANGE, INCLUDE THE NUMBER OF STUDENTS IMPACTED BY THIS CHANGE FOR EACH BUILDING

**CHANGES TO EXISTING BUILDING(S)**

BUILDING NAME	BUILDING CODE	YEAR REQUESTING CHANGES	GRADE SPAN CHANGE <input type="checkbox"/> YES <input type="checkbox"/> NO
IF GRADE SPAN CHANGE IS YES, WHAT IS EXISTING GRADE SPAN		IF GRADE SPAN CHANGE IS YES, WHAT IS PROPOSED CHANGE TO GRADE SPAN	

EXPLAIN WHY YOU ARE REQUESTING THIS CHANGE (INCLUDE INFORMATION ON THE CHANGE OF THE MAKE-UP OF BUILDINGS IMPACTED AND THE NUMBER OF STUDENTS IMPACTED BY THIS CHANGE)

**DELETE EXISTING BUILDING(S)**

BUILDING NAME	BUILDING CODE	YEAR REQUESTING CHANGES
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BUILDING NAME/BUILDING CODE OF BUILDINGS IMPACTED BY THIS CHANGE, INCLUDE THE NUMBER OF STUDENTS IMPACTED BY THIS CHANGE FOR EACH BUILDING

EXPLAIN WHY YOU ARE REQUESTING THIS CHANGE

**NAME CHANGE**

PREVIOUS NAME	NEW NAME	BUILDING CODE (IF APPLICABLE)	YEAR REQUESTING CHANGES
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**LEA ASSURANCES AND CERTIFICATION**

The superintendent/authorized representative accepts the responsibility for the actions requested on this form, and by submitting this form, requests the Department of Elementary and Secondary Education to make those changes.

SIGNATURE OF SUPERINTENDENT/AUTHORIZED REPRESENTATIVE	PHONE NUMBER	DATE
PRINTED NAME OF SUPERINTENDENT/AUTHORIZED REPRESENTATIVE	EMAIL ADDRESS	

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