

**MEDFIELD PUBLIC SCHOOLS
STUDENT WITHDRAWAL FORM**

CURRENT SCHOOL <i>Please use "X" to indicate School</i>	MEMORIAL	WHEELOCK	DALE	BLAKE	HIGH SCHOOL
STUDENT NAME					
PRIMARY PHONE NUMBER					
STUDENT DATE OF BIRTH					
GRADE LEVEL					
PARENT/GUARDIAN NAME					
	YES	NO	COMMENTS		
Does your child have an active IEP?					
Does your child have a 504 Plan?					

DATE OF LEAVING					
REASON FOR LEAVING <i>Please use "X" to indicate Reason</i>		TRANSFERRED- IN STATE PUBLIC			
		TRANSFERRED- IN STATE PRIVATE			
		TRANSFERRED- OUT OF STATE (PUBLIC OR PRIVATE)			
		TRANSFERRED- HOME SCHOOL			
		DROP OUT – (EXPLAIN)			

NEW HOME ADDRESS				
	Street	Town/City	State	Zip code

NEW SCHOOL INFORMATION:

NEW SCHOOL ATTENDING				
SCHOOL ADDRESS				
	Street	Town/City	State	Zip code
SCHOOL PHONE				
SCHOOL EMAIL/FAX				

I authorize the MEDFIELD PUBLIC SCHOOLS, as the system in which I am withdrawing my child, to send all pertinent school records including but not limited to: *Please use "X" to indicate Yes you authorize*

<input type="checkbox"/>	Official Permanent Record/Transcript (including a recent report card, academic level of achievement grading system)
<input type="checkbox"/>	Exit Grades
<input type="checkbox"/>	Achievement and Aptitude Test Scores (including all MCAS scores)
<input type="checkbox"/>	WIDA/ELL Test Scores (including all DESE scores)
<input type="checkbox"/>	Attendance Records
<input type="checkbox"/>	Discipline Records
<input type="checkbox"/>	Medical Records (immunizations and physical exam information)
<input type="checkbox"/>	Evaluation(s)/Special Education Records (IEP, 504 Plans if applicable)
<input type="checkbox"/>	Verbal/Written Communication

PARENT/GUARDIAN NAME:

DATE: