

**MEDFIELD PUBLIC SCHOOLS
STUDENT WITHDRAWAL**

Student Name: _____

Parent/Guardian Name: _____ Phone Number: _____

School Name: _____ Date of Birth: ____/____/____ Grade Level: _____

- Does your child have an active IEP?
- Does your child have a 504 Plan?

Date of Leaving: ____/____/____

Reason for Transfer:

- 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 Number Street Name Town/City State Zip Code

NEW SCHOOL INFORMATION

New School Attending: _____

School Address: _____
Street Number Street Name Town/City State Zip Code

School Phone #: _____ School 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:

- Official Permanent Record/Transcript (including a recent report card, academic level of achievement grading system)
- Exit Grades
- Achievement and Aptitude Test Scores (including all MCAS scores)
- WIDA/ELL Test Scores (including all DESE scores)
- Attendance Records
- Medical Records
- Evaluation(s)/Special Education Records (IEP, 504 Plans if applicable)
- Verbal/Written Communication

I also authorize the MEDFIELD PUBLIC SCHOOLS to contact the new school to release information relative to my child.

Parent/Guardian Signature: _____ DATE: _____

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Secondary School Information *(High School)*

- Did you return all your Electronic Devices with Chargers to the Technology Department (Chromebook, iPad)?
- Did you return all textbooks?
- Did you return all library books?

Classroom Information for Student:

Period	Subject	Grade <i>current marking period</i>	Teacher Signature	Textbook Returned <i>Yes/No</i> <i>If no, cost?</i>
1/A				
2/B				
3/C				
4/D				
5/E				
6/F				
7/G				

Returned: Electronic Devices with Chargers: _____ **Technology Staff Signature:** _____

Student Signature: _____ **Date:** _____

Guidance Counselor Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____