|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CURRENT SCHOOL** ***Please use “X” to indicate School*** | **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*****Please use “X” to indicate Reason*** |  | 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 theMEDFIELD 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***

|  |  |
| --- | --- |
|  | 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 |
|  | Discipline Records |
|  | Medical Records (immunizations and physical exam information) |
|  | Evaluation(s)/Special Education Records (IEP, 504 Plans if applicable) |
|  | Verbal/Written Communication |

***I also authorize the MEDFIELD PUBLIC SCHOOLS to contact other sources to obtain information relative to my child’s application***

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENT/GUARDIAN NAME:** |  | **DATE:** |  |