MEDFIELD PUBLIC SCHOOLS
STUDENT WITHDRAWAL FORM

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	

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*

	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

PARENT/GUARDIAN NAME: **DATE:**

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SECONDARY SCHOOL INFORMATION:

☐ DID YOU RETURN ALL YOUR ELCTROCI DEVICES WITH CHARGERS TO THE TECHNOLOGY DEPARTMENT?
☐ DID YOU RETURN ALL TEXTBOOKS?
☐ DID YOU RETURN ALL LIBRARY BOOKS

CLASSROOM INFORMATION FOR STUDENT:

PERIOD	SUBJECT	GRADE *CURRENT MARKING PERIOD*	TEACHER SIGNATURE	TEXTBOOK RETURNED *YES/NO* *IF NO, COST?*
1/A				
2/B				
3/C				
4/D				
5/E				
6/F				
7/G				

ELECTRONIC DEVICES RETURNED: **TECHNOLOGY SIGNATURE:**

STUDENT SIGNATURE   **DATE:**

GUIDANCE COUNSELOR SIGNATURE   **DATE:**

ADMINSTRATORS SIGNATURE   **DATE:**