CHELMSFORD PUBLIC SCHOOLS

CHELMSFORD, MASSACHUSETTS

Official Withdrawal Notice



Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE \_\_\_\_\_\_ Student I.D.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House (CHS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for the school listed below to forward my child’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendance/Conduct**

**Cumulative Records (which includes standardized test results, class rank, extracurricular activities, I.Q. scores, evaluation forms, teacher, Counselor, 766 evaluative materials, etc)**

**All health records**

**Special Education records and education plans to the above student**

**FROM:**

|  |
| --- |
| **Byam Elementary School McCarthy Middle School**  **25 Maple Road 250 North Road**  **Chelmsford, MA 01824 Chelmsford, MA 01824**  **978-251-5144 FAX: 978-251-5150 978-251-5166 FAX: 978-251-5130**  **Center Elementary School Parker Middle School**  **84 Billerica Road 75 Graniteville Road**  **Chelmsford, MA 01824 Chelmsford, MA 01824**  **978-251-5155 FAX: 978-926-0721 978-251-5133 FAX: 978-251-5140**  **Harrington Elementary School Chelmsford High School**  **120 Richardson Road, 190 Richardson Road**  **North Chelmsford, MA 01863 North Chelmsford, MA 08163**  **978-251-5166 FAX: 978-926-0792** **978-251-5111**  **South Row Elementary School**  **CHIPS PROGRAM**  **250 Boston Road, 170 Dalton Road**  **Chelmsford, MA 01824 Chelmsford, MA 01863**  **978-251-5177 FAX: 978-926-0383 978-251-5188 FAX: 978-926-2418** |

**REASON FOR LEAVING:**

\_\_\_ I will be transferring schools:

Name of School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_New School District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

**\_\_\_**I am discontinuing attendance at school upon reaching 16 years of age

\_\_\_I will be completing my GED

**I DO HEREBY AUTHORIZE THE WITHDRAWAL OF THIS STUDENT FROM REGULAR ATTENDANCE AT CHELMSFORD PUBLIC SCHOOLS, CHELMSFORD MASSACHUSETTS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian/Student (if age 18) PRINT NAME Signature Dean and/or Principal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Student (if age 18) SIGNATURE Date