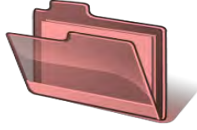


CHELMSFORD PUBLIC SCHOOLS
CHELMSFORD, MASSACHUSETTS

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 _____

- 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:

<input type="checkbox"/> Byam Elementary School 25 Maple Road Chelmsford, MA 01824 978-251-5144 FAX: 978-251-5150	<input type="checkbox"/> McCarthy Middle School 250 North Road Chelmsford, MA 01824 978-251-5166 FAX: 978-251-5130
<input type="checkbox"/> Center Elementary School 84 Billerica Road Chelmsford, MA 01824 978-251-5155 FAX: 978-926-0721	<input type="checkbox"/> Parker Middle School 75 Graniteville Road Chelmsford, MA 01824 978-251-5133 FAX: 978-251-5140
<input type="checkbox"/> Harrington Elementary School 120 Richardson Road, North Chelmsford, MA 01863 978-251-5166 FAX: 978-251-5170	<input type="checkbox"/> Chelmsford High School 190 Richardson Road North Chelmsford, MA 08163 978-251-5111
<input type="checkbox"/> South Row Elementary School 250 Boston Road, Chelmsford, MA 01824 978-251-5177 FAX: 978-251-5180	<input type="checkbox"/> CHIPS PROGRAM 170 Dalton Road Chelmsford, MA 01863 978-251-5188

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)

Signature Dean and/or Principal

