



WESTON
MASSACHUSETTS
PUBLIC SCHOOLS

WESTON PUBLIC SCHOOLS: WITHDRAWAL FORM
Please email this completed form to the **Registrar's Office**.

Last Date of Attendance: _____

Student Name: _____ **Grade:** _____

Present Address/Phone Number: _____

New Address: (if applicable): _____

New School: _____

School Address: _____

School Phone# _____ **Fax#** _____

Student will be attending public school or private school (circle one). If other please explain _____

The above student is withdrawing for the following reason:

In order to complete the withdrawal process and have your transcript/school records forwarded to your new school, it is necessary that you **return all books and District property, and pay any fees owed.**

RECORDS RELEASE

I hereby authorize full and complete disclosure of the above named student's WPS record (name, address, birth date, grade level completed, and grades) to any school requesting it.

Signature of Parent/Guardian

RECORDS PROCESS

Student records will remain in district for up to 7 years following the student's withdrawal. Your child's records will no longer be retained (other than the High School transcript required by law) after _____ (school personnel will enter date up to 7 years from student's last day of attendance).

For Official Use Only:
Student ID _____ Locker # _____ Homeroom/Advisory _____
Student has returned all school property: _____
Date Documents sent _____ Student Services Notified _____