WESTWOOD PUBLIC SCHOOLS
Official Student Data Withdrawal Form

Parent/Guardian please complete the information below. Please complete one form per student.

Legal Name of Student: (First)____________ (MI) __ (Last)________________________ Grade ______

Reason for withdrawal: (Check only one) – Student(s) must be enrolled in another school in a timely manner according to the federal mandatory school attendance law.

☐ Moving to another school district in MA: Name of School District ______________________ City: ____________
   including Vocational Technical/Agricultural schools
☐ Moving to a school district out of state: Name of District: ________________ City: __________ State/Country: ______
☐ Enrolled in a private school: Name of school: _________________________ City: __________ State: ______
☐ I intend to Home School my child(ren) – Please note that you must complete and submit an Education Plan to the Asst. Superintendent’s office
☐ My student is withdrawing from school – Please note that school attendance is compulsory until age 16.

Forwarding address: __________________________ City __________ State ______ Zip __________

Legal Name of Parent/Guardian (please print): First __________________________ Middle Initial ___ Last ______________

Signature of Parent/Guardian __________________________ Date __________________________

☐ Check if documents are attached

FOR OFFICE PERSONNEL ONLY: ☐ Parent did not complete top section. Supporting documentation is attached.

Name of School (last attended) __________________________

Student ID#: __________________________ Date of Student Birth: Month _______ Day _______ Year _______

Withdrawal date: Month _______ Day _______ Year _______ Withdrawal code: __________

Last day of attendance: Month _______ Day _______ Year _______

School records have been requested: Yes___ No___ Date requested: Month _______ Day _______ Year _______

Records sent to: __________________________

Date sent: __________________________ By: mail_____ Fax___ Email _______

Staff who helped with completion of the form: __________________________ Date: __________________________

FEES/EQUIPMENT RETURN:

☐ Food Service balance paid ☐ Books returned/Fees paid ☐ Chromebook returned ☐ Athletic equipment returned