



Dover- Sherborn
Middle School
155 Farm Street
Dover, MA 02030
Phone: 508-785-0635
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Mr. David Lawrence
Principal

Ms. Tracy Sockalosky
Asst. Principal

Ms. Jill Arkin
Special Education
Team Chair

Ms. Ellen Chagnon
Guidance Director

The Public Schools of Dover and Sherborn
157 Farm Street
Dover, MA 02030
Phone: 508-785-0036 Fax :508-785-2239
URL: www.doversherborn.org
Ms. Elizabeth McCoy, Superintendent
Mr. Denny Conklin, Assistant Superintendent
Ms. Dawn Fattore, Business Manager
Ms. Kate McCarthy, Director of Student Services

DOVER-SHERBORN MIDDLE SCHOOL

STUDENT WITHDRAWAL FORM

Prior to withdrawing/transferring from Dover-Sherborn Middle School, please complete the following in this order:

Obtain parent/guardian signature, indicating confirmation of withdrawal/transfer.

Make an appointment with your counselor to review exit procedures and obtain assistance with any last minute details.

Return all school property, pay all fees and receive funds.

Obtain signatures from all your teachers indicating clearance from their class. Please see each teacher during your regular class period. If this is not possible, please consult with your counselor to make alternate arrangements to meet with your teachers.

Obtain Librarian's signature.

Obtain School Nurse's signature.

Obtain Headmaster's signature.

When this form has been fully completed, please sign it and return it to your counselor.

Name of Student: _____ Grade: _____
Age: _____ Date of Birth: _____ DS Locker # _____

Date of Leaving: _____
____ Transferred – In state public
____ Transferred – In state private
____ Transferred – Out-of-State (public or private)
____ Transferred – Home-school

New Address:

Number Street Town/City State Zip Country

School Transferring To:

Address: _____

Parent/Guardian Signature: _____ Date _____

Student Signature: _____ Date _____