



Carlisle Public Schools

83 School Street Carlisle, MA 01741 Phone: 978-369-6550 Fax: 978-371-2400

Student Withdrawal/Release of Student Records

Student Name: _____ Grade: _____

Withdrawal Date: _____

Reason for Withdrawal (please check):

- Moving - forwarding address: _____
- Homeschool - please submit homeschool plan to Mary O'Regan, Assistant to the Superintendent
- Private School: _____

Please make arrangements with your student's classroom teacher to retrieve their Writing Treasure prior to withdrawal date. **

I hereby authorize the Carlisle Public Schools at 83 School Street, Carlisle, MA to release the contents of student records, including academic, health, and special education (if applicable) of the aforementioned student.

Please send records to:

_____ (school name)

_____ (school address)

_____ Signature of Parent/Guardian

Print Name: _____ Date: _____