



STAPLES HIGH SCHOOL

70 North Avenue, Westport, Connecticut 06880

Dear Student and Family,

We have listed the steps below to ensure that the process to withdraw from Staples is completed and school records are forwarded to your child's next learning community as expeditiously as possible. Please note that this process should take a couple days to complete. Therefore, we ask that you provide advanced notice of your intention to withdraw so that we can work together to complete this process.

1. Notify your child's assistant principal and school counselor of your intention to withdraw your child, including the last day of attendance.
2. Return all school materials and pay any accountabilities owed to the appropriate department representatives following the enclosed *School Materials Return Checklist*. (Check PowerSchool for accountabilities.)
3. Return the completed *School Materials Return Checklist* and *Notice of Withdrawal to Attend Other Schooling* to the school counseling department.
4. The school counseling department will send your child's records to their future school, withdraw your child from our system, and email you confirmation along with an unofficial transcript.
5. The assistant principals' office will notify you of any remaining balance for lost or missing school materials.

Lastly, be aware that students will no longer have access to their school Gmail, Google Drive, Scoir, and other technology accounts immediately upon withdrawal and therefore should save any messages, files, or information that they wish to retain prior to withdrawing.

Sincerely,

Staples High School Administration and School Counseling Department



Notice of Withdrawal to Attend Other Schooling

Name of Student (first, MI, last): _____

Current School: _____ Current Grade: _____ SASID: _____

Date of Birth: _____ Teacher (K-5)/School Counselor (6-12): _____

Parent/Guardian(s) (first, MI, last): _____

Current Address: _____

Cell Phone: _____ Email Address: _____

I elect to withdraw my child from Westport Public Schools, effective date: _____

My child will be enrolled in (check appropriate blank):

- _____ 01 Transfer within district
- _____ 02 Public School in Connecticut
- _____ 03 Public School in a different state
- _____ 04 Private School non-religiously affiliated in Westport
- _____ 05 Private School non-religiously affiliated in Connecticut (not Westport)
- _____ 06 Private School non-religiously affiliated in another state
- _____ 07 Private School religiously affiliated in Westport
- _____ 08 Private School religiously affiliated in Connecticut (not Westport)
- _____ 09 Private School religiously affiliated in another state
- _____ 10 School outside of the United States
- _____ 11 Transfer to a Hospital or other Institution
- _____ 12 Charter School
- _____ 13 Home Schooling (parent/guardian must complete additional form from Pupil Services Office)
- _____ 21 Discontinued schooling
- _____ 23 GED Program
- _____ 24 Post-Secondary Education prior to graduation
- _____ 26 State Approved Magnet School
- _____ 27 Adult High School Credit Diploma Program
- _____ Other (specify reason): _____

If moving within or out of Westport:

Date of Move: _____

New Address: _____

City: _____ State: _____ Zip Code: _____

Name and address of the public or private school, program, or institution the student will be attending:

Name of School, Program, or Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Prior to my child withdrawing from Westport Public Schools, I understand that all textbooks and other school materials must be returned and that I am responsible for the cost of textbooks and other school materials that are not returned. I understand that my child will no longer be able to access their school Gmail, Google Drive, and other technology accounts immediately upon withdrawal and therefore should save any messages, files, or information that they wish to retain prior to withdrawing.

Parent/Guardian Signature: _____ **Date:** _____

Release of Records

In accordance with the Family Educational Rights and Privacy Act, a student's parent/guardian (or the student themselves if 18 years-old) must provide written permission in order for Westport Public Schools staff to release educational and health information to the future school, program, or institution they will be attending. I authorize Westport Public Schools to send _____ a copy of my child's educational and health records. Included in these
(future school)

records will be a copy of their transcript/report cards from elementary school, middle school, and high school, grades to date of withdrawal for any middle school or high school courses currently in progress, state and/or national standardized testing results, health/medical records, attendance and discipline records, a copy of this withdrawal form, and any other pertinent information (e.g., proof of guardianship, conservatorship, custody agreement, or other legal documentation). If applicable, the student's special education records, most recent section 504 plan, and/or ESL/EL/ELL identification information and assessment results will be sent to the future school. In addition, I give permission for Westport Public Schools staff to communicate with my child's future school regarding their educational planning.

Student Signature (if 18+): _____ Date: _____

Parent/Guardian Signature: _____ **Date:** _____

Please note that in accordance with Connecticut law, Westport Public Schools will transfer the student's education records to a new school district or charter school in Connecticut upon written notification of such enrollment by the new school district or charter school. If a parent/guardian has not provided written authorization for the transfer of records, Westport Public Schools will notify the parent/guardian at the same time that it transfers the records.

For Office Use Only:

School Official Name: _____
(Principal, Director of School Counseling, or Designee)

School Official Signature: _____ Date: _____

Staples High School - School Materials Return Checklist

Department	Materials not returned; an outstanding accountability remains	Materials returned; accountability has been removed	Department Representative Signature
Art/Music Liz Shaffer-Room 455 203-341-1243 lshaffer@westportps.org			
English/AP exams Jake Sullivan-Room 332 203-341-1489 jsullivan@westportps.org			
Math/Social Studies/ World Languages Susan McCarthy-Room 1048 203-341-1464 smccarthy@westportps.org			
Science Colleen Fallon-Room 3008 203-341-1456 cfallon@westportps.org			
Athletics Michelle Garrity-Room 189A 203-341-1260 mgarrity@westportps.org			
Chartwells/Cafeteria Bob Nielson-Cafeteria 203-341-2431 bnielsen@westportps.org			
Library Chris Harris-LMC 203-341-1290 charris@westportps.org			
Parking Maryann Garcia-APs Office 203-341-1280 mgarcia@westportps.org			