MADISON PUBLIC SCHOOLS
PO Drawer 71, 10 Campus Drive
Madison, CT 06443

WITHDRAWAL FORM

Today's Date: _____ Date of Withdrawal: _____

Student's Name: _____

Madison Address: _____

Parent's Name: _____ Phone Number: _____

SCHOOL WITHDRAWING FROM:

- ◯ Brown Elementary
- ◯ Neck River Elementary
- ◯ Polson Middle
- ◯ Daniel Hand High School

REASON FOR WITHDRAWAL:

☐ **Moving Out of State/Town**
New Home Address _____

◯ **Enrolling in Public School** ◯ **Enrolling in Private School** **Religious** ◯ **Yes** ◯ **No**
School Name _____
Address _____
Phone _____ Fax Number _____

◯ **Home Schooling**

◯ **Other** _____

Upon receipt of a "Request for Records" from your student's new school, signed by a parent/guardian, or confirmation of enrollment, the following records will be forwarded:

- Cumulative Record (demographic information, report cards, test scores, suspension reports)
- Health records
- Confidential records for Special Education (PPT reports, IEPs, Psychological and Educational Evaluations, and all other assessments).

Disclaimer: Copies of original documents are forwarded to schools while originals are retained at Central Office.

Parent/Guardian Signature _____ Date _____

School Administrator Signature _____ Date _____

Central Office Use Only:
MPS STUDENT ID#
SASID #
COUNSELOR (IF APPLICABLE)

SPECIAL EDUCATION Y / N
WITHDRAWAL BY & DATE