MARBLEHEAD
PUBLIC SCHOOLS

9 Widger Road
Marblehead, MA 01945
phone: 781.639.3140
fax: 781.639.3149

Student Transfer or Withdrawal Form

Date:

Student Name: Current Grade:

Previous Name(s) if applicable: DOB:

SASID: LASID:

Parent/Guardian Name(s):

Does this student have an IEP (Individualized Education Program)?: Pick One

Does this student have a 504 Plan? Pick One

Does this student have an individual health care plan?: Pick One

The above named student will no longer be attending Marblehead Public Schools.

School: Effective Date:

I verify that this student has been or will be enrolled in the following school:

Name of School:

School Address:

Email of contact at receiving school:

_____ _____

Parent/Guardian Signature Relationship to Student

For office use only:

- Parent/Guardian Legal form of ID verified
- Copies of form sent to
  - Data Specialist
  - School Administrative Assistant
  - Student Services Administrator (if on IEP)