



Westford Public Schools

Office of the Superintendent ph 978.692.5560
23 Depot Street fax 978.392.4497
Westford, MA 01886



TRANSFER OF RECORDS

Date: _____

Name of Former School: _____

Address, City and State of Former School: _____

Phone/Fax Number of Former School: _____

Entering Grade: _____

- Abbot Elementary 25 Depot Street Westford, MA 01886 T) 978-692-5580 F) 978-692-5589
- Blanchard Middle School 14 West Street Westford, MA 01886 T) 978-692-5582 F) 978-692-5598
- John A. Crisafulli Elementary 13 Robinson Rd Westford, MA 01886 T) 978-392-4483 F) 978-392-8581
- Norman E. Day Elementary 75 E. Prescott St Westford, MA 01866 T) 978-692-5591 F) 978-850-4510
- Rita E. Miller Elementary 1 Mitchell Way Westford, MA 01886 T) 978-392-4476 F) 978-392-3407
- Nabnasset Elementary 99 Plain Road Westford, MA 01886 T) 978-692-5583 F) 978-392-9618
- Stony Brook Middle School 9 Farmer Way Westford, MA 01886 T) 978-692-2708 F) 978-692-5391
- Westford Academy 30 Patten Road Westford, MA 01886 T) 978-692-5570 F) 978-850-4512

I give permission for the _____ School District to transfer a
complete (Name of School District)

school record for my son/daughter, _____, grade _____, date of birth
(mm/dd/ccyy) , to Westford Public Schools. Written records should include, but are not limited to:

- Cumulative file (may include standardized test results, report cards, previous enrollment documents, attendance, record of instructional interventions)
- Health Records

If applicable:

- Special Education documents (referral, eligibility, past & current IEPs)
- 504 Accommodation Plan
- Discipline Records (any incidents involving suspension or criminal act)

Additional information may be obtained by verbal interaction between Westford Public Schools and the sending school district.

Records from the sending district should be sent to the addresses above.

Signature of Parent/Guardian Date