WESTFORD PUBLIC SCHOOLS

23 Depot Street
Westford, MA 01886

phone 978.692.5560 fax 978.392.4497

TRANSFER OF RECORDS

Records from the sending district should be sent to the address marked below

Date: _____

Name of Former School: _____

Address, City and State of Former School: _____

Phone and Fax Numbers 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
- Robinson Elementary 60 Concord Road Westford, MA 01886 T)978-692-5586 F)978-589-0968
- 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

school record for my son/daughter, _____, grade _____, date of birth _____

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.

_____ _____

Signature of Parent/Guardian Date