



**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)



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