



Carlisle Public Schools

83 School Street Carlisle, MA 01741 Phone: 978-369-6550 Fax: 978-371-2400

Academic Excellence Creativity Respect Responsibility

Student Withdrawal/Release of Student Records

Student Name: _____ Grade _____

Withdrawal Date: _____

Reason for Withdrawal (please check):

- Moving – forwarding address: _____
- Homeschool – please submit homeschool plan to Nancy Anderson, Assistant to the Superintendent
- Private School: _____

****Please make arrangements with your student’s classroom teacher to retrieve his/her Writing Treasury prior to your withdrawal date.****

I hereby authorize the Carlisle Public Schools at 83 School Street, Carlisle, MA to release the contents of student records, including academic, health, and special education (if applicable) of the aforementioned student.

Please send records to:

_____ (school name)

_____ (school address)

_____ Signature of Parent/Guardian

Print Name: _____

Date: _____