



# MADISON PUBLIC SCHOOLS

PO Drawer 71, 10 Campus Drive

Madison, CT 06443

## WITHDRAWAL FORM

Today's Date:

Date of Withdrawal:

Student's Name:

Madison Address:

Parent's Name:

Phone Number:

### SCHOOL WITHDRAWING FROM:

Town Campus Learning Center

Brown Intermediate

Jeffrey Elementary

Polson Middle

Ryerson Elementary

Daniel Hand High School

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### REASON FOR WITHDRAWAL:

**Moving Out of State/Town**

New Home Address

**Enrolling in Public School**

**Enrolling in Private School**

**Religious**

**Yes**

**No**

School Name

Address

Phone

Fax Number

**Home Schooling**

**Other**

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Upon receipt of a "Request for Records" from your student's new school, signed by a parent/guardian, or confirmation of enrollment, the following records will be forwarded:

- Cumulative Record (demographic information, report cards, test scores, suspension reports)
- Health records
- Confidential records for Special Education (PPT reports, IEPs, Psychological and Educational Evaluations, and all other assessments).

*Disclaimer: Original documents are forwarded to schools within the State of Connecticut. Copies of original documents are forwarded to schools outside of Connecticut while originals are retained at Central Office.*

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

School Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Central Office Use Only:**

MPS STUDENT ID#

SASID #

COUNSELOR (IF APPLICABLE)

SPECIAL EDUCATION Y / N

WITHDRAWAL BY & DATE