



Sandwich Public Schools
Phone: 508-888-1054

Authorization to Withdraw Student Records

Student Name _____ Grade _____

Home Address _____

City _____ State _____ Zip Code _____

The above named student has withdrawn from:

_____ Forestdale School, 151 Route 130,
Forestdale, MA 02644
Phone: 508-477-6600, Fax: 508-477-7665

_____ Oak Ridge School, 260 Quaker Meetinghouse Road,
East Sandwich, MA 02537
Phone: 508-833-0111, Fax: 508-888-0911

_____ Sandwich Middle High School, 365 Quaker Meetinghouse Road,
East Sandwich, MA 02537
Phone: 508-888-4900, Fax: 508-888-5171

All records pertinent to the student referenced above will be sent to the school address indicated below, including the following:

Attendance records, Health records, Transcript information, Student grades, Standardized test scores, Special Education records (including IEP and Assessments), Discipline records and State Assigned Identification Number (SASID, if applicable).

Name and complete address of school student is transferring to:

School Name: _____

Street Address: _____

City, State and Zip Code: _____

Signature of parent/guardian _____ Date _____

Records request sent on: _____ Requested by: _____