



Sandwich Middle High School

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Authorization to Withdraw Student and Release Records Form

Name: _____ YOG: _____ Grade: _____ SASID: _____

Please initial to acknowledge this student has returned all materials.

Current Class/Teacher	Materials Returned	Current Grade	Teacher Initials
_____	Y N	_____	_____
_____	Y N	_____	_____
_____	Y N	_____	_____
_____	Y N	_____	_____
_____	Y N	_____	_____
_____	Y N	_____	_____
_____	Y N	_____	_____

Nurse _____ Librarian _____ Technology _____

The above named student has withdrawn from Sandwich Middle High School. 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: _____
 Mailing Address: _____
 City, State and Zip: _____

SPECIAL EDUCATION STUDENTS PLEASE SEE REVERSE SIDE OF THIS FORM.

Student Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____
 Counselor Signature: _____ Date: _____
 Administrator Signature: _____ Date: _____

Students on an IEP

If you are planning on leaving school without a high school diploma and not planning on any immediate educational placement, under Special Education Laws you have the right to a Special Needs Evaluation prior to your withdrawal or upon return. I have attended a conference with the Special Education department and am fully aware of my rights under Special Education laws (Chapter 688, if applicable) should I remain in school.

I do ___ I do not ___ wish to have a team re-evaluation conducted at this time.

In accordance with Special Education Laws, I am aware that I am able to have a team evaluation should I choose to return to school prior to my 22nd birthday.

Signature of Student: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Special Education Department Head: _____ Date: _____

RIGHTS OF 16-21 YEAR OLD STUDENTS NOTICE DATE: _____

As a student who has left school or is intending on leaving, State and Federal laws provide you with specific rights that you should know about. You may also schedule a meeting with your School Counselor within 10 days of the date of this notice.

A summary of these rights are as follows:

You have the right to re-enroll in school as a regular day student.

You may request an evaluation under Special Education and if you are found eligible for services, the following program options may be recommended. The list is not inclusive, but represents the most common program option:

1. Regular school day program
2. Regular day program with support services
3. Special Day program

The student and the parent/guardian may meet with a representative of the district within 10 days from the date this notice was sent. At the request of the parent/guardian, the district may consent to an extension of the time for a meeting if not longer than 14 days.

In addition to the above rights other assistance is available from the school department.

1. Information concerning other educational opportunities that may lead to a GED
2. Other schooling options that may provide you with a marketable labor skill.

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