



GLOUCESTER
PUBLIC
SCHOOLS

2 Blackburn Drive
Gloucester, Massachusetts 01930

Student Transfer/Withdrawal Form

Date: _____

Student Name: _____ Current Grade: _____

Parent/Guardians Name (Please Print): _____ Date of Birth: __/__/____

SASID #: _____ ID #: _____

Does this student have an *I.E.P. Individual Education Plan?* (please circle) **Yes / No**

Does this student have an *504 plan?* (please circle) **Yes / No**

The above named student will no longer attend the Gloucester Public Schools (please check one):

- | | |
|---|---|
| <input type="checkbox"/> Beeman Memorial School (grades K-5) | <input type="checkbox"/> Ralph B. O'Maley Innovation Middle School (grades 6-8) |
| <input type="checkbox"/> East Gloucester Elementary School (grades K-5) | |
| <input type="checkbox"/> Plum Cove School (grades K-5) | |
| <input type="checkbox"/> Veterans' Memorial School (grades K-5) | <input type="checkbox"/> Gloucester High School (grades 9-12) |
| <input type="checkbox"/> West Parish School (grades K-5) | |

I hereby verify that this student has been enrolled in the following school:

Name of School: _____

School Address: _____

City, State, Zip: _____

Students New Address: _____
(If applicable) _____

Last Day Attending Gloucester Public Schools: _____

Parent/Guardian Signature Relationship to Student Date

For Office Use Only:

- As you are updating student records in the IPASS, please remember to indicate in the comment section the name of the School and the Town / City it is located.
- Please forward original student record to next attending school and make copies of essential documents for our records such as Report Card, all Standardized Testing, Health Records, I.E.P., 504 plan and if any custodial documents.

Please Send Copies to: Principal
School Secretary
Superintendent's Office