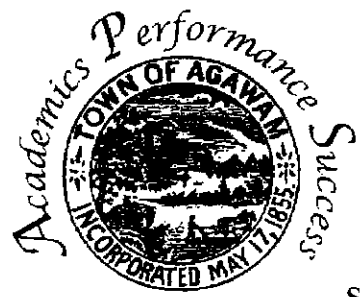


ROBERTA G. DOERING SCHOOL



Marc V. Costanzi, Principal

Susan E. Federico, Assistant Principal

TRANSFER / WITHDRAWAL FORM

Guidance Office 413-789-1400 x455

This is to authorize the release of school records for :

Student's Name _____ (M / F) DOB _____ Grade _____ SASID _____
HR _____

Transfer Records from Roberta G. Doering School to:

Name of School: _____

Street Address: _____

City / Town: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

.....
WITHDRAWL INFORMAION:

Last Date at Agawam Middle School ___/___/20___ Reason: _____ Date Signing Out _____

Students Agawam address _____, MA _____ Phone: _____
City Zip School Choice

Student will be enrolling at the above school on: ___/___/___

Student's New Address: Street City State Zip

Notes: _____

PARENT / GUARDIAN SIGNATURE: _____

.....
It is the responsibility of the TEACHER to bring this form to all appropriate teachers so that they may print outgoing grades and confirm the return of text books.

Teachers : Please attach copy of current grades from ED LINE Summary Page for all classes.

Counselor _____ Secretary (schedule pulled) _____
Nurse (med records rcvd) _____ Teacher(s) (Books Returned) _____
Librarian: (books ret.) _____ (Grades Attached) _____