

# MANSFIELD PUBLIC SCHOOLS

Mansfield Middle School  
205 Spring Hill Rd.  
Storrs, CT 06268

Dorothy Goodwin School  
321 Hunting Lodge Rd.  
Storrs, CT 06268

Southeast Elementary  
134 Warrenville Rd.  
Mansfield Center, CT 06250

Annie Vinton School  
306 Stafford Rd.  
Mansfield Center, CT 06250

## INTENT TO WITHDRAW STUDENT

Student Enrollment Verification is required when students transfer to another school. Proof includes a Request for Records, or written acknowledgement from the enrolling school. Student records will be sent upon receipt of request from new school.

### STUDENT/FAMILY INFORMATION

Child: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
First Middle Last

Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

### CURRENT SCHOOL INFORMATION

School: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_ Last Day will be: \_\_\_\_\_

### TRANSFER/WITHDRAWAL INFORMATION

Is this a Permanent Withdrawal?  Yes  No

Is this a Sabbatical?  Yes  No

If yes, for how long? \_\_\_\_\_ Child will return on: \_\_\_\_\_ Grade: \_\_\_\_\_

New School: \_\_\_\_\_

Address of New School: \_\_\_\_\_

Phone # of New School: \_\_\_\_\_ Fax #: \_\_\_\_\_

My forwarding address is: \_\_\_\_\_  
\_\_\_\_\_

- I am formally withdrawing this student from Mansfield Public Schools.
- I give permission to release all records to the new school upon their request.
- I will sign a Request for Records at the new school.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/School Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE

Original- Cum folder COPIES TO:  Entry/Withdrawal book  Teacher  Nurse  Other: \_\_\_\_\_

Request for Records received on: \_\_\_\_\_ Records mailed on: \_\_\_\_\_