

First Attempt _____
Second Third Fourth _____

ROBERTA G. DOERING SCHOOL



Susan E. Federico, Principal

Charles D. Joyal, 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: _____

.....
WITHDRAWAL INFORMATION:

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: _____

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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) _____