STUDENT WITHDRAWAL/TRANSFER



Town of Mansfield Public Schools

Joanne Jordan, special Education Director Kerri Sankey, Principal 508-261-1561 Fax: 508-261-7415

Date of Withdrawal:	
Student Name: New School Name and Address:	DOB:
_	
_	
_	
_	
Student's New address:	
Student's New Phone:	
The student above is withdrawing	rom Mansfield Public School's Roland Green Preschool on the
date above. We will be forwarding	the following records per parent request:
Educational Records	Health Records:
Special Education Records	Other Information:
.	, request that the Roland Green Preschool please forward the
	, request that the koland Green Freschool please for ward the chool district recorded above.
records selected above to the new s	CHOOL GIBLICE I ECOLGEG GDOVE.
Parent/Guardian Signature	

29 Dean Street * Mansfield, MA 02048 * 508-261-1561 *

508-261-7415 fax

email: julia.mitchell@mansfieldschools.com

All students, regardless of race, color, sex, religion, national origin, limited English proficiency, sexual orientation, gender identity, disability, or housing status, have equal access to all programs including athletics and other extracurricular activities.