



ABBY KELLEY FOSTER CHARTER PUBLIC SCHOOL
10 New Bond Street ■ Worcester, MA 01606
Phone: (508) 854-8400 ■ Administration Fax: (508) 854-8484
ES Fax: (508) 595-0370 ■ MS Fax: (508) 595-0371 ■ HS Fax: (508) 552-0042
www.akfcs.org

Student Withdrawal Form

I, _____, formally withdraw
PARENT/GUARDIAN NAME

STUDENT NAME

GRADE

from the Abby Kelley Foster Charter Public School effective _____
DATE

I understand that once I have completed and signed this document that my child is no longer enrolled at the Abby Kelley Foster Charter Public School effective at the end of the school day on the date indicated above and the school will destroy my child's records in accordance with state law.

I further acknowledge that my child may reapply for admission during the next enrollment cycle if the school is accepting applications for the grade my child wishes to apply for. I also acknowledge that this withdrawal will change my family's current status on any waitlist and will need to re-apply at the next open enrollment period.

PARENT/GUARDIAN SIGNATURE

DATE

SCHOOL ADMINISTRATOR SIGNATURE

DATE

REASON FOR TRANSFER : PLEASE CHECK ONE OF THE OPTIONS BELOW

MOVED

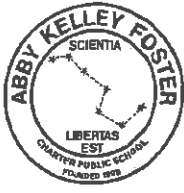
PREFER HOME DISTRICT

TRANSPORTATION

SPORTS

OTHER

Abby Kelley Foster Charter Public School does not discriminate on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, or homelessness and all students have equal access to the general education program and the full range of any occupational/vocational education programs offered by the District.



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RECORDS RELEASE FORM

I, _____, hereby authorize the release of my child's records.
Parent/Guardian (Print Name)

Student Name Date of Birth Current Grade

The following records will be released:

- Academic Record
Attendance Record
Medical Record
Discipline Record
Individual Education Program (IEP current or active and most recent assessment), if applicable
Evaluations/Assessments
504 Plan, if applicable
English Language Learner records, if applicable

I authorize the release and exchange of information between the Abby Kelley Foster Charter Public School and the school listed below:

My child's records will be transferred to:

Name of School Phone Number Fax Number

Address Town/State/Zip

Signature of Parent/Guardian Date

Revised 9/10/2020 AB

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