



TRANSFER OF SCHOOL RECORDS FORM

This form is provided by the Westfield Public Schools for the purpose of obtaining and releasing a student's school records.

Name of Student: _____ Date of Birth: _____ Grade: _____

Please forward student records to the school checked below:

- Abner Gibbs Elementary, 50 West Silver St, Westfield, MA 01085, tel #413-572-6418, fax #413-572-6446
- Franklin Avenue Elementary, 22 Franklin Ave, Westfield, MA 01085, tel #413-572-6424, fax #413-564-3156
- Highland Elementary, 24 Western Ave, Westfield, MA 01085, tel #413-572-6428, fax #413-572-6489
- Russell Elementary, 155 Highland Avenue, Russell, MA 01071, tel #642-7130, fax #413-862-4525
- Munger Hill Elementary, 33 Mallard Lane, Westfield, MA 01085, tel #572-6520, fax #413-562-0875
- Paper Mill Elementary, 148 Paper Mill Rd, Westfield, MA 01085, tel #572-6519, fax #413-572-0687
- Southampton Rd Elementary, 330 Southampton Rd, Westfield, MA, 01085, tel #572-6435, fax #413-572-6873
- North Middle, 350 Southampton Rd, Westfield, MA 01085, tel #413-572-6441, fax #572-1669
- South Middle, 30 West Silver St, Westfield, MA 01085, tel #413-568-1900, fax #572-4892
- Westfield High, 177 Montgomery Rd, Westfield, MA 01085, tel #413-572-6463, fax #572-6346
- Westfield Technical Academy, 33 Smith Ave, Westfield, MA 01085, tel# 413-572-6533, fax #413-6542

I authorize Westfield Public Schools to obtain the records from the previous school.

I request copies of all academic records (including MCAS results, and SASID number, if transferring from MA school), current withdrawal grades, attendance records, medical evaluation/health records, educational evaluations, IEP (Individual Education Plans)/504 Plans, and discipline records. Suspension and/or Expulsion records must be provided. If not, a letter from the school administration must be sent indicating no disciplinary history.

Choose one:

Request for obtaining records from the previous school (fill in below)

Request for sending records to the student's new school (fill in below)

School: _____

Address: _____

City/State: _____

Phone: _____ Fax: _____

Parent/Guardian Signature _____ Date: _____

Signature of authorized school personnel: _____ Date: _____