



Norwell Middle School

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Withdrawal from Norwell Middle School

Name of Student _____ Grade 6 7 8 (circle one)

The above named student is transferring to _____, which is
NAME OF SCHOOL

located in _____, and his/her last official school day at Norwell Middle School will
CITY/STATE

be _____.
DATE

Consent for the Release of Student Information

I give permission to have all records, including health, testing and other relevant information forwarded to:

School Name _____

Street Address _____ City/State/Zip _____

Phone _____ Fax _____

Parent/Guardian Signature

Date