



WAYLAND MIDDLE SCHOOL

Student Withdrawal Form

Student Name: _____

Parent/Guardian Name: _____

Grade: _____ Withdrawal Effective Date: _____

1. Reason for withdrawal from Wayland Public Schools: (please check one)

___ Moving ___ Private School ___ Minuteman ___ Home School ___ Other

2. School student will be attending next fall:

School Name: _____ City _____ State _____

Thank you for providing this information. Please read and sign below.

I understand that my son/daughter will be withdrawn from the Wayland Public Schools. If my child wishes to return to the Wayland Public Schools, I understand I need to make an appointment with the appropriate school guidance office to re-register.

Signature of parent/guardian Date *Signature of WMS Guidance Counselor

Check List: Return of Textbooks & Materials, Payment of Accounts

Subject	Teacher	Completed	Initials
English			
Math			
Science			
Social Studies			
World Language			
Wellness			
Drama			
Applied Technology			
Music			
Art			
Technology (Chromebook)			
House Leader			
Cafeteria (lunch account)			
Library (books or fines)			

Please return this form to your child's Guidance Counselor

*Note to Guidance Staff: Please give a copy of this form to the main office staff.