



WAYLAND MIDDLE SCHOOL

201 Main Street, Wayland, MA 01778-4599
Telephone: 508-655-6670 Fax: 508-655-2548

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. If attending Private School, what type of school: (please check one)

___ Private Day School ___ Private Boarding School

3. Name of school student will be attending next fall:

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I understand that my son/daughter will be withdrawn from the Wayland Public Schools.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 Staff Member

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.