

**HOLLISTON PUBLIC SCHOOLS**

*Office of the Superintendent*

370 Hollis Street

Holliston, Massachusetts 01746

**STUDENT TRANSFER/WITHDRAWAL FORM**

**Student Name:** \_\_\_\_\_ **Present Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above named student will no longer attend the Holliston Public Schools (please check one):

\_\_\_\_\_ Placentino Elementary School (grades PreK-2)

\_\_\_\_\_ Miller Elementary School (grades 3-5)

\_\_\_\_\_ Robert Adams Middle School (grades 6-8)

\_\_\_\_\_ Holliston High School (grades 9-12)

I hereby verify that this student has been enrolled in the following school:

**Name of School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_  
\_\_\_\_\_

**In order to improve services to our students and families, please indicate the**

**REASON FOR CHANGE:** \_\_\_\_\_ **Move** \_\_\_\_\_ **Religious** \_\_\_\_\_ **Other** (*please specify*)

\_\_\_\_\_  
\_\_\_\_\_

**New Address:** \_\_\_\_\_  
(If applicable)  
\_\_\_\_\_

**Last Day at Holliston Public Schools:** \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Relationship to Student*

\_\_\_\_\_  
*Date*