



Westford Public Schools

Office of the Superintendent
23 Depot Street
Westford, MA 01886

ph 978.692.5560
fax 978.399.2797



TRANSFER OF RECORDS

Date: _____

Name of Former School: _____

Address, City and State of Former School: _____

Phone/Fax Number of Former School: _____

Entering Grade: _____

☐ Millenium
School
(Pre-school)

☐ Nabnasset
School
(K-2)

☐ Rita Miller
School
(K-2)

☐ Robinson
School
(K-2)

☐ Day
School
(3-5)

☐ Crisafulli
School
(3-5)

☐ Abbot
School
(3-5)

☐ Stony Brook
School (6-8)

☐ Blanchard
Middle School
(6-8)

☐ Westford
Academy
(9-12)

I give permission for the _____ School District to transfer a complete
(Name of last School District)

school record for my son/daughter, _____, grade _____, date of birth
(mm/dd/ccyy) _____, to Westford Public Schools. Written records should include, but are not
limited to:

- Cumulative file (may include standardized test results, report cards, previous enrollment documents, attendance, record of instructional interventions)
- Health Records

If applicable:

- Special Education documents (referral, eligibility, past & current IEPs)
- 504 Accommodation Plan
- Discipline Records (any incidents involving suspension or criminal act)

Additional information may be obtained by verbal interaction between Westford Public Schools and the sending school district.

Records from the sending district should be sent to:

Westford Public Schools
Attention: Student Records
23 Depot Street
Westford, MA 01886
businessoffice@westfordk12.us
Fax: 978-392-4497

Signature of Parent/Guardian

Date