



SHREWSBURY PUBLIC SCHOOLS

100 Maple Avenue, Shrewsbury, MA 01545
Tel: 508-841-8400 Fax: 508-841-8490
schools.shrewsburyma.gov



Joseph M. Sawyer, Ed.D.
Superintendent of Schools

Margaret M. Belsito
Assistant Superintendent
Student Services

Amy B. Clouter
Assistant Superintendent
Curriculum, Instruction, & Assessment

Patrick C. Collins
Assistant Superintendent
Finance & Operations

Barbara A. Malone
Executive Director
Human Resources

Jane O. Lizotte, Ed.D.
Assistant Superintendent
Community Partnerships & Well-Being

Authorization to Release Student Records

Transfer into Shrewsbury Public Schools

You must fill this form out in its entirety.

Student Name: _____ Entering Grade: _____

Home address **before** moving to Shrewsbury: _____

The student above has been **enrolled** in:

Parker Road Preschool
15 Parker Road
Shrewsbury, MA 01545
Phone (508) 841-8646 / Fax (508) 841-8787

Walter J. Paton School
58 Grafton Street
Shrewsbury, MA 01545
Phone (508) 841-8626 / Fax (508) 841-8627

Beal Early Childhood Center
1 Maple Avenue
Shrewsbury, MA 01545
Phone (508) 841-8860 / Fax (508) 841-8862

Sherwood Middle School
30 Sherwood Avenue
Shrewsbury, MA 01545
Phone (508) 841-8670 / Fax (508) 841-8671

Calvin Coolidge School
1 Florence Street
Shrewsbury, MA 01545
Phone (508) 841-8880 / Fax (508) 841-8883

Oak Middle School
45 Oak Street
Shrewsbury, MA 01545
Phone (508) 841-1200 / Fax (508) 841-1223

Floral Street School
57 Floral Street
Shrewsbury, MA 01545
Phone (508) 841-8720 / Fax (508) 841-8721

Shrewsbury High School
64 Holden Street
Shrewsbury, MA 01545
Phone (508) 841-8813 / Fax (508) 841-8853

Spring Street School
123 Spring Street
Shrewsbury, MA 01545
Phone (508) 841-8700 / Fax (508) 841-8701

Name, address, and numbers of the school the student is **transferring from**:

Former School Name: _____ Previous Grade: _____

School Address: _____ City, State, and Zip Code: _____

***Official School Registrar Email Address – REQUIRED:** _____ ***Not Parent or Student Email Address**

School Fax Number – REQUIRED: _____

I authorize my student's former school to release all records for my child and have verbal exchange with Shrewsbury Public Schools. Please send the student's records to the school indicated above at your earliest convenience, including: attendance records, health records, transcripts, report cards, standardized test scores, special education educational plan and assessments, discipline records, court orders, and State Assigned Student Identification Number (SASID).

Signature of parent/guardian: _____ Date: _____