MADISON PUBLIC SCHOOLS
PO Drawer 71, 10 Campus Drive
Madison, CT 06443

WITHDRAWAL FORM

Today's Date: 3/12/25 Date of Withdrawal: 3/12/25

Student's Name: Matthew Ambrose

Madison Address: 153 Middle Road. Madison, CT 06443

Parent's Name: Christopher Ambrose Phone Number: 203.505.1889

SCHOOL WITHDRAWING FROM:

- ○ Town Campus Learning Center
- ○ Jeffrey Elementary
- ○ Ryerson Elementary
- ○ Brown Intermediate
- ○ Polson Middle
- ☒ Daniel Hand High School

REASON FOR WITHDRAWAL:

☐ **Moving Out of State/Town**
New Home Address

○ **Enrolling in Public School** ○ **Enrolling in Private School** **Religious** ○ Yes ○ No
School Name
Address
Phone Fax Number

○ **Home Schooling**

☑ **Other** Done

Upon receipt of a "Request for Records" from your student's new school, signed by a parent/guardian, or confirmation of enrollment, the following records will be forwarded:

- Cumulative Record (demographic information, report cards, test scores, suspension reports)
- Health records
- Confidential records for Special Education (PPT reports, IEPs, Psychological and Educational Evaluations, and all other assessments).

Disclaimer: Original documents are forwarded to schools within the State of Connecticut. Copies of original documents are forwarded to schools outside of Connecticut while originals are retained at Central Office.

Parent/Guardian Signature N/A. Matthew Ambrose Date 3/12/25

School Administrator Signature [signature] Date 3/12/25

Central Office Use Only:
MPS STUDENT ID#
SASID #
COUNSELOR (IF APPLICABLE)

SPECIAL EDUCATION Y / N
WITHDRAWAL BY & DATE