

Patricia Winslow,
Department Chair / Guidance Counselor



Sean Sullivan
Adjustment Counselor

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School Psychologist

Carver Middle High School
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WITHDRAWAL FORM

Date: _____

I, _____, hereby withdraw _____
from Carver Middle School effective _____. Please transfer all
academic and medical records to _____.

The student's current / new address is _____

Sincerely,

Signature

Relationship to Student

CARVER PUBLIC SCHOOLS

STUDENT EXIT SURVEY

Name: _____

Current Grade: _____ Years in Carver Public Schools: _____

School Transferring to: _____

What is your reason for deciding to transfer to another school? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Religious Affiliation |
| <input type="checkbox"/> Availability of AP Courses | <input type="checkbox"/> Special Education Services |
| <input type="checkbox"/> Class Size | <input type="checkbox"/> Faculty Interactions |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Peer Interactions |
| <input type="checkbox"/> Elective Offerings | <input type="checkbox"/> Vocational Interest |
| <input type="checkbox"/> Family Legacy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Moving out of Town | |

Please provide any additional information about your decision to leave Carver

What can we do to improve the Carver School System?

Signature

Date