DOVER SHERBORN MIDDLE SCHOOL
STUDENT WITHDRAWAL FORM

Please complete this form and return it to your school counselor.

Name of Student: _____Grade:_____

Locker Number: _____ Last day at DSMS: _____

New Address: _____
Street Town/City State Zip

Transferring to: _____

New School Address: _____
Street Town/City State Zip

Librarian Signature: _____

Returned Books: Yes___ No___ Amount Owed: _____ Paid: Yes___ No___

School Nurse Signature: _____

Medication returned to student/parent/guardian Yes ___ No____

Team Leader Signature: _____ Date: _____

Textbook Return

English: Yes ___No ___ Teacher Signature: _____
Math: Yes ___No ___ Teacher Signature: _____
Social Studies: Yes___ No ___ Teacher Signature: _____
Science: Yes___ No ___ Teacher Signature: _____
Foreign Language: Yes___ No ___Teacher Signature:_____
P.E. : Yes___ No ___ Teacher Signature: _____
Exploratory: Yes___ No ___ Teacher Signature: _____
Computer: Yes___ No ___ Teacher Signature: _____
Health: Yes___ No ___ Teacher Signature: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Headmaster Signature: _____Date: _____

Counselor Signature: _____ Date: _____