



To Whom It May Concern:

\_\_\_\_\_ has enrolled in the North Middlesex Regional School District. Grade \_\_\_\_\_.

In order to complete our school records it is necessary to have additional information.

Health Records  
Academic Transcript  
Standardized Test Results

Legal Paperwork (Custody Documents)  
Attendance Record  
All Special Education Records

If there is any further information in your possession, which might assist us in making the student's transfer a smooth one, we would appreciate you forwarding it to us.

Transferring From:

\_\_\_\_\_

Name of School

\_\_\_\_\_

Street Address

\_\_\_\_\_

Town	State	Zip Code
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**SEND TO: (Please select one)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Ashby Elementary<br>911 Main Street<br>Ashby, MA 01431<br>(P)978-743-1005 (F)978-386-2492             | <input type="checkbox"/> Spaulding Memorial<br>1 Whitcomb Street<br>Townsend, MA 01469<br>(P)978-597-0380 (F)978-597-0386    | <input type="checkbox"/> Hawthorne Brook Middle School<br>64 Brookline Street<br>Townsend, MA 01469<br>(P)978-597-6914 (F)978-597-0354 |
| <input type="checkbox"/> Varnum Brook Elementary<br>10 Hollis Street<br>Pepperell, MA 01463<br>(P)978-433-6722 (F)978-433-8140 | <input type="checkbox"/> Nissitissit Middle School<br>33 Chace Ave<br>Pepperell, MA 01463<br>(P)978-433-0114 (F)978-433-5498 |  |

Thank you for your cooperation.

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I, \_\_\_\_\_ authorize the release of the above information to \_\_\_\_\_  
School your child will attend

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date