


Foxborough Regional
Charter School

Request for Transfer/ Release of Student Records

Please provide a copy of my child's records for the following purpose (check appropriate box below) :

- Parent Copy Only (my child is REMAINING at F.R.C.S.)
- Middle School Records for High School or Vocational School Application Process
- High School Transcript for College Admissions Process (my child needs student records transcripts to be provided for college application entry)
- Withdrawal (my child is applying to another school and does not intend to continue their education at F.R.C.S.)
- Declination of Enrollment Offer

Student First Name Liam Student Last Name Bouquet

Current Grade 7th Birthdate October 30, 2009

Address 21 Willey Street

City/Town Dorchester Zip Code 02301

Parent Name [Signature]

Parent Signature [Signature]

Date of Request _____ (Completion of the above section is a record request only)

If Transfer of Records is requested for withdrawal purposes please complete the following:

Name of School student is transferring to: Cosmetic Memorial

Address of School 225 Baker St

City Dorchester State MA Zip 02132

Phone Number 617-469-8000 Fax Number _____

This school is a (please check appropriate box):

- Public School or Private School

Final day of attendance at F.R.C.S. (xx-xx-xx) 6/24/2022

(This section MUST be completed as verification of withdrawal and for final records to be forwarded)

Reason for Withdrawal

- Transportation Hardship
- Scheduling conflicts
- Out of state family relocation
- In state family relocation
- Transfer to a public school
- Transfer to a private school
- To allow student to attend same school as siblings
- To allow student to attend same school as neighbors/friends
- To offer child more individualized attention
- Lack of positive peer relationships