**A picture containing object

Description automatically generatedNew Bedford Public Schools**

**Unenrollment Form**

*Reasonable efforts must be made prior to unenrolling a student from New Bedford Public Schools. This form must be approved by the school’s principal and Deputy Superintendent.*

|  |  |
| --- | --- |
| Student Name: Click or tap here to enter text. | Parent/Guardian: Click or tap here to enter text. |
| Date of Birth:Click or tap here to enter text. | Parent/Guardian Contact Info:Click or tap here to enter text. |
| School:Click or tap here to enter text. | Parent/Guardian Secondary Contact Info:  Click or tap here to enter text. |
| Grade:Click or tap here to enter text. | |

|  |  |  |
| --- | --- | --- |
| **The following efforts MUST be made including:** | **Date(s) Completed:** | **Additional information** (please attach additional documents, reports, or plans.) |
| Home visits | Click or tap here to enter text. | Click or tap here to enter text. |
| Certified mailings of respective letters | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone calls to families | Click or tap here to enter text. | Click or tap here to enter text. |
| Contacts to collaterals | Click or tap here to enter text. | Click or tap here to enter text. |
| Use of technology to contact family | Click or tap here to enter text. | Click or tap here to enter text. |
| All above efforts have been recorded in ASPEN\* | | |

\*Required

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*Signature of School Principal Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Deputy Superintendent Date*