

**NOTIFICATION OF OUT OF STATE SCHOOL**

**Please mail or fax the completed form to:**

Massachusetts Department of Elementary and Secondary Education  
75 Pleasant Street  
Malden, MA 02148  
Attn: Kerrie Anastas  
FAX #: 781-338-6850

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**Please check off one of the following required options:**

YES - has special education program(s)                       NO - does not have special education program(s)

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**\*PLEASE BE SURE TO FILL OUT ALL FIELDS ON THIS FORM.**

School name \_\_\_\_\_

School physical address \_\_\_\_\_  
\_\_\_\_\_

School mailing address (if different) \_\_\_\_\_  
\_\_\_\_\_

Grades offered \_\_\_\_\_

Principal's/Directors name \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Website \_\_\_\_\_ Email address \_\_\_\_\_

Contact name – person completing the form \_\_\_\_\_ Tel. # \_\_\_\_\_

Email address: \_\_\_\_\_

Principal's/Directors Signature \_\_\_\_\_