

NOTIFICATION OF OUT OF STATE SCHOOL

Please fax the completed form to:

Massachusetts Department of Elementary and Secondary Education
Attn: Kerrie Anastas
FAX #: 781-338-6530

Please check off one of the following required options:

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

***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 _____