

NOTIFICATION OF PUBLIC SCHOOL CLOSING

Please fax the completed form to:

Attn: Kerrie Anastas
FAX #: 781-338-6530

Please complete ALL fields for each request.

District code: _____ District name: _____

School code: _____ School name: _____

Effective closing date: _____

Contact name – person completing the form _____

Email: _____ Tel. # _____

Reason for Closing: _____

School(s) student population will be transferring to: _____

Superintendent's Signature _____