

NOTIFICATION OF SCHOOL/PROGRAM CLOSING

Please fax the completed form to:

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

Please complete ALL fields for each request.

District/Agency code: _____ District/Agency name: _____

School/Program code: _____ School/Program name: _____

Effective closing date: _____

Contact name – person completing the form _____

Email: _____ Tel. # _____

Reason for Closing: _____

Head of Organization Signature: _____