

**NOTIFICATION OF SCHOOL CLOSING**

**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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District code \_\_\_\_\_ District name \_\_\_\_\_

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

Effective closing date \_\_\_\_\_

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

Superintendent's Signature \_\_\_\_\_