School District Release Form

IMPORTANT: Completion of this form does not automatically enroll a child in another district. The parent(s) is responsible for contacting the district in which the child/children wishes to attend; completing enrollment papers, supplying shot records, birth certificate(s) and any other required forms.

Today's Date _____ Effective Date of Enrollment _____

Student's Resident School District _____

Name of Student(s)	Date of Birth	Grade	Previous School Attended	District Requesting to Attend

Is the student receiving any Special Education Services or classroom placement?
☐ YES ☐ NO (If yes, please * student above and describe services below)

_____

_____

Has the student(s) been expelled from a school? ☐ Yes ☐ No

Please indicate reason for request:
☐ Home under construction in our district, with a planned completion date of _____
☐ Family purchasing a home in our district with a scheduled move in date of _____
☐ Student(s) completing current school year
☐ Other _____

Name of Parent/Guardian (please print) _____

_____
Complete Address City State Zip Code Phone Number

I/We _____ as Parent/Guardian hereby request approval of the transfer of the above named student(s) to _____ and approve the release of all education records including medical records relating the said student(s).
(name of receiving school district)

Signature of Parent/Guardian _____

I hereby RELEASE the above named student(s) to the _____ School District for the 2009 – 2010 school year.

Releasing Superintendent: _____ Date: _____

I hereby ACCEPT/DENY the above named student(s) to our school district for the 2009 – 2010 school year.

Superintendent: _____ Date: _____

Distribute copies to: Resident District, Accepting District, Attending School Building, Parent/Guardian