



District Registrar
Phone: (517)541-5115
Fax: (517)541-5105

Application for Release of Student(s) FROM Charlotte Public Schools

Important: Completion of this form does not automatically enroll a student into another district. The Parent(s) is responsible for contacting the district registrar in which the child/ren to attend and completing their enrollment process.
Completion of this form is required on an annual basis

Parent Name _____ Date _____

Address _____ City _____ Phone _____

Child Name First and Last	Last Completed Grade Level	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of School district you wish your child to attend _____

Name of school district currently attending _____

Has the student(s) been expelled from school? _____ YES _____ NO
If yes, please state school, date & reason _____

Has the student(s) been suspended from school? _____ YES _____ NO
If yes, please state school, date & reason _____

Are charges for expulsion against the student(s)? _____ YES _____ NO

Has student(s) been receiving special education services? _____ YES _____ NO
If yes, please attach copy of last IEP

Please state why you would like your child/ren released from attending Charlotte Public Schools.

Note: the signature of the parent/guardian/student (if over 18 years of age) bound below indicates understanding of, and adherence to the stipulations and operational aspects of the student release procedures. Further, it is understood the parent(s), guardian(s) or student (over 18) withholds information or provides false or inaccurate information, the request and approval are immediately null and void.

Initial Application Renewal Only _____
Signature of Parent, Guardian or Student (if over 18 years of age)

I hereby **RELEASE** **DENY RELEASE** the above named student(s) to _____ for the 20____-20____ School Year
(School District)

Signature of Superintendent or Designee Date of Approval or Denial