



APPLICATION FOR RELEASE OF STUDENT(S) FROM CHARLOTTE PUBLIC SCHOOLS

IMPORTANT: Completion of this form does not automatically enroll a student in another district. The parent(s) is responsible for contacting the district in which the child/ren wishes to attend and completing their enrollment process.

Completion of this form is required on an annual basis

Name of Parent: _____ Date: _____

Address: _____ City: _____ Phone: _____

First & Last Name of Child	Last Grade Level Completed	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 the student(s) been receiving special education services? _____yes _____no
 If yes, please attach a copy of last IEPC

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

NOTE: The signature of the parent/guardian/student (if over 18 years of age) found below indicates understanding of, and adherence to, the stipulations, and operational aspects of the student release procedures. Further, it is understood that if the parent(s), guardian(s), or student (if over 18 years of age) 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)

I hereby Release Deny Release of the above named student(s) to _____
 School District for the 20____ - 20____ school year.

 Signature of Superintendent or Designee Date of Approval or Denial