Charlotte PUBLIC SCHOOLS
District Registrar
Phone: (517)541-5742
Fax: (517)541-5745

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