



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 <b>First and Last</b>	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