



Application for RELEASE from Charlotte Public Schools

378 State St, Charlotte Mi, 48813

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 student is to attend and completing their enrollment process.

Student Name:

Grade:

(Application Year)

Date of Birth

School District Currently Enrolled in:

Name of the school district you wish your child to attend:

Student Academic Services

Does your student have an IEP?

If YES, please include service type

Does your student have a 504?

If YES, please include accommodation

Student Behavior

Suspended in the last 2 years?

If yes, please provide date and reason

Expelled/Pending Charges?

If yes, please provide date and reason

Parent/Guardian Information

Parent/Guardian Name:

Address:

(Street)

(City)

(State)

(Zip)

Phone Number:

Email:

Please state why you would like your student released from 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.

Parent/Guardian Signature:

Date:

Student, if over 18 years of age

Internal Use Only:

I hereby ACCEPT DENY the application for release for the above-named student from Charlotte Public Schools to

_____ for the 20____-20____ School Year

(School District)

Signature of Superintendent or Designee of CPS

Date