



Student Release Form

I hereby request that _____, in grade _____, residing with me in the Jackson
(Student Name)

County School District attending _____ be given
(Name of the Jackson County School that the student attend)

permission to attend school in the _____ School District
(name of the district that the student will attend)

during the 20__ - 20__ school year.

Please indicate the reason for requesting this student release:

Printed name of parent or guardian

Signature of parent or guardian

Date: _____

Phone Number: _____

I, Dr. John Strycker, Superintendent, hereby certify that the Board of Trustees of the Jackson County School District approved the request for transfer as provided under State Law for this student to attend school in another district. This is with the understanding that any additional cost other than state funds shall be paid by the parent or guardian.

Witness my signature this the _____ day of _____, 20____.

John Strycker, Ed.D., Superintendent