

STUDENT RELEASE FORM

School District Use only:

I hereby certify that the Hancock County School District School Board on the _____ day of _____, _____ authorized me to grant approval to the parental request for the release of their child/children from the HCSD to attend school in another school district.

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

Signature: _____
 Superintendent of Education

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Parent/Guardian Sections:

To the Hancock County School District School Board, Kiln, Mississippi, I hereby request that

Child's Name _____	Grade _____
Child's Name _____	Grade _____
Child's Name _____	Grade _____

residing with me in the HCSD, be given permission to attend school in the _____ for the 20 and 21 school year.
 School District

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Check the appropriate response:

- The student is a child of a district employee.
- The student attended school in the school district named prior to relocating to HCSD.
- The student is a sibling of a student who has previously attended the named district.
- Before/After school care provided by friend or family in another school district zone.
- Parent works in another school district zone.
- Other reason: _____

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_____ Signature of Parent/Guardian	_____ Home---Telephone---Cell
_____ Printed Name of Parent/Guardian	_____ Date
_____ Street Address	_____ City, State Zip Code