



Hancock County School District Student Release Form

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

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

Signature: _____
Superintendent of Education

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: _____
Child's Name: _____	Grade: _____

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

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: _____

_____ Signature of Parent	_____ Street Address		
_____ Printed Name of Parent	_____ City	_____ State	_____ Zip Code
_____ Telephone Number			
_____ Email Address			

(Please email the completed form to: cbordes@hancockschools.net)