

CLIMAX-SCOTTS COMMUNITY SCHOOLS

372 South Main Street, Climax, MI 49034

Phone: (269) 746-2400 Fax: (269) 746-4374

STUDENT RELEASE REQUEST

2017-2018 School Year

*Requests for release must be made prior to the beginning of each school year.
In accordance with district policy, transportation will be the responsibility of the parent/guardian.*

Please print the name and grade of EACH student that you are requesting a release for:

<u>Student(s) Full Name</u>	<u>2017-2018 Grade</u>
_____	_____
_____	_____
_____	_____
_____	_____

Requestor Name: _____ Relationship to Student: _____

Address: _____ Home Phone: _____

City, State, Zip: _____ Cell Phone: _____

Email Address: _____

Last School District Attended: _____

District to which you want to be released to: _____

Reason for requesting release: _____

Parent/Guardian Signature: _____ Date: _____

~ For Administration Use Only ~			
SUPERINTENDENT'S RELEASE DECISION:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	
<i>Douglas Newington, Superintendent:</i>	_____	Date:	_____
RECEIVING DISTRICT'S ACCEPTANCE DECISION:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	
<i>Superintendent/Authorized Signer:</i>	_____	Date:	_____
Parent/Guardian Notified Via:	<input type="checkbox"/> Email	<input type="checkbox"/> Postal Mail	<input type="checkbox"/> Phone
		Date:	_____