

Mattawan Consolidated School

One request per student must be completed by the student's parent/ legal guardian and submitted to the Mattawan Consolidated School District, attention Leslie Swintz 56720 Murray Street, Mattawan, Michigan 49071 or email to lswintz@mattawanschools.org

| SECTION 1: Student Information | | | |
|--------------------------------|------|-----|-----------------|
| Student 's Legal Name | | DOB | 2023-2024 Grade |
| Address | City | | Zip |
| Parent/ Guardian | | | Phone Number: |
| Email: | | | |

| SECTION 2 |
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| I hereby request that the above-named student be permitted to attend: _____ during the 2023-2024 school year on the grounds that he/she will be best accommodated in that district for the reason listed in Section 3 below. |

| SECTION 3 |
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| In our effort for continuous improvement, please describe your reason for the request for release (REQUIRED) : |
| |

| PARENT/ GUARDIAN SIGNATURE | | |
|---|------------------------------------|-------|
| <p>AGREEMENT: By signing below I understand that incomplete, inaccurate or false information I have provided may invalidate this transfer. If approved I acknowledge that transportation will be my sole responsibility.</p> <p>* I agree that my electronic signature is the legally binding equivalent to my handwritten signature; it has the same validity and meaning as my handwritten signature. I will not, at any time, repudiate the meaning of my electronic signature or claim it is not legally binding. For your electronic signature please type your first and last name on the <i>Parent/Guardian Signature</i> line below.</p> | | |
| * Parent/Guardian Signature: | Date: | |
| (OFFICE USE ONLY): | | |
| Date Parent/Guardian contacted by Administrator: | | |
| ___ Approved ___ Denied | Building Administrator: | Date: |
| District Decision: ___ Approved ___ Denied | Superintendent/Designee Signature: | Date: |