

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

Student 's Legal Name		DOB	2022-23 Grade
Address	City		Zip
Parent/ Guardian			Phone Number:
Email:			

SECTION 2

I hereby request that the above-named student be permitted to attend: _____ during the 2022-2023 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

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

PARENT/ GUARDIAN SIGNATURE

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.

* 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 *Parent/Guardian Signature* line below.

* 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: _____
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