

**2018 – 2019  
REQUEST FOR RELEASE**

## *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, 56720 Murray Street, Mattawan, Michigan 49071 or email to: [vgoss@mattawanschools.org](mailto:vgoss@mattawanschools.org)

### SECTION 1: Student Information

Student's Legal Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	2018/19 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 2018/2019 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):**

District Decision:

Approved  Denied

Superintendent:

Date: