



**2019-2020
REQUEST FOR RELEASE**

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

SECTION 1: Student Information

Student's Legal Name	DOB	2019-20 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 2019-2020 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 write or type your **first and last name** on the Parent/Guardian Signature line below.

* Parent/Guardian Signature:

Date:

(For Office Use Only)

Date Parent/Guardian contacted by Administrator:

RECOMMENDATION:

___ Approve ___ Deny

Building Administrator:

Date:

DISTRICT DECISION:

___ Approved ___ Denied

Superintendent/Designee:

Date: