



202 West Spring Street | Elkin, North Carolina 28621 | Phone: 336.835.3135 | Fax: 336.835.3376 | Fax: 336.835.3756

REQUEST FOR STUDENT RELEASE FROM ELKIN CITY SCHOOLS

Refer to Elkin City Schools - Policy Code 4150 - School Assignment

STUDENT INFORMATION:

Student Legal Name: _____ Date: _____

Parent / Guardian Name: _____ Phone: (_____) _____ - _____

Parent Email Address: _____

Address: _____ Street _____ City _____ State _____ ZIP _____

County of Current Residence: _____ School currently attending: _____

STUDENT REQUESTING TO BE RELEASED TO

School Name: _____ School District: _____

County of Requested District: _____

Reassignment request is for the 20 _____ - 20 _____ school year.

Reassignment reason for request: _____

Signature of Parent / Guardian: _____

- *Print and return to ECS central office located at 202 West Spring Street, Elkin NC 28621 by June 1st.*
- *A new form must be completed and submitted each year, for each student, requesting to be released.*

-----FOR ELKIN CITY SCHOOLS OFFICE ONLY-----

Decision for the 20 _____ - 20 _____ school year has been _____ Approved _____ Denied _____

Date: _____

Elkin City Schools, Superintendent

UPON SUBMISSION & REVIEW

Once the form has been submitted, a release agreement will be mailed and the following will be notified.

Parent / Guardian requesting school reassignment _____

Superintendent of school system reassignment _____