

Gull Lake Community Schools

STUDENT RELEASE FORM

10100 East D Avenue, Richland, MI 49083

Voice: 269/548.3400 * Fax: 269/548.3401



Student Information

Student Name	Gender	Birth Date	Grade	Previous School Attended	School Requested
					Gull Lake Partnership

Parent Information

Parent Guardian Name:	Daytime phone:
	Email address:
Street:	City/Zip:

Reason for Request

<p>This request is for release to a nonresident district:</p> <p><input type="checkbox"/> To complete the current school year in requested district</p> <p><input type="checkbox"/> To complete senior year in High School</p> <p><input type="checkbox"/> For next school year</p> <p><input type="checkbox"/> Parent/guardian is employee in requested district</p> <p><input type="checkbox"/> Special program is not available at resident district - attach documentation</p> <p><input type="checkbox"/> Other (describe in comments below):</p>	<p>Is the student receiving special education programs or services?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Parent: If yes, attach a copy of the current IEP.</p> <p>Has the student been expelled or suspended in the last two years?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, check ✓ the student name above and describe below.</p>
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Comments:

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District Signatures

Resident (Releasing) District:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Releasing Superintendent:	Date:	