

Student Release Form to Attend Harper Creek Community Schools

This form must be completed by the releasing/resident district and then submitted to Harper Creek Community Schools for the final approval process prior to the student enrolling in Harper Creek Community Schools.

School Year _____ Expected Date of Enrollment _____

Student Information					
Student Name	Gender	Birthdate	Grade	Previous School Name and Address	Previous School's Phone and Fax Numbers
				Name: Address:	Phone: Fax:

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 2023-2024 school year in requested district.</p> <p><input type="checkbox"/> Other: (describe in comments below):</p>	<p>Is the student receiving special education programs or services? <input type="checkbox"/> yes <input type="checkbox"/> no Parent: If yes, attach a copy of the current IEP.</p> <p>Has the student been expelled ever, or suspended in the last two years? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe in comments below.</p>
Comments:	

Parent Signature	
As parent/guardian of the above named student(s) I hereby request approval of transfer of the student as indicated below. I understand that:	
<ul style="list-style-type: none"> a. I confirm the student named above is a resident of the releasing district that is submitting this agreement to the receiving district. b. I release all education records, including medical records, to the receiving district. c. Transportation of the student to the receiving district is my sole responsibility. d. This document represents a commitment between the parent/guardian and the school district of enrollment for one school year if approved by Harper Creek Community Schools, and e. Any incomplete, inaccurate, or false statements may invalidate the transfer. 	
Parent / Guardian Signature:	Date:

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

Enrolling Principal:	<input type="checkbox"/> Recommends Approval <input type="checkbox"/> Recommends Denial
Enrolling Superintendent:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: