Request for 1-Year Hardship Release • NOT SCHOOL OF CHOICE

This release is good for the current school year only. APPLICATION FOR CONSIDERATION NEXT YEAR MUST BE MADE THROUGH THE MONROE COUNTY SCHOOLS OF CHOICE PROGRAM. The school district will not be responsible for any transportation or tuition charges related to this request.

Any questions about this form can be directed to the **home school** Superintendent's Office.

Resident School Information: *(Please type or print)*

School district you wish your child to attend: _____

School year: _____ Date of request: _____

Student Name: _____ Birthdate: _____

School and District currently attending: _____ Grade level: _____

Parent(s)/Guardian(s): _____

Address *(including city, state, zip)*: _____

Best phone number to reach you: _____

Has this child been suspended or expelled from school in the last 2 school years? ☐ YES ☐ NO

If YES to question above, please give the reason: _____

_____

_____

Please attach a letter explaining the reason for the request including the hardship meriting the release.

RETURN THIS FORM AND LETTER TO THE RESIDENT DISTRICT SUPERINTENDENT'S OFFICE.

_____ _____

Parent(s)/Guardian(s) Signature Date

_____ _____

Student Signature (if not a minor) Date

_____ _____

Received by Resident District Date

For RESIDENT district use only:

District: _____

Building: _____

Approved: _____ Yes _____ No

_____

Superintendent's Signature *(resident district)* Date

For CHOICE district use only:

District: _____

Building: _____

Approved: _____ Yes _____ No

_____

Superintendent's Signature *(resident district)* Date