

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 2024-2025 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>
<p>Comments:</p> 	

Parent Signature	
<p>As parent/guardian of the above named student(s) I hereby request approval of transfer of the student as indicated below. I understand that:</p>	
<p>a. I confirm the student named above is a resident of the releasing district that is submitting this agreement to the receiving district.</p> <p>b. I release all education records, including medical records, to the receiving district.</p> <p>c. Transportation of the student to the receiving district is my sole responsibility.</p> <p>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</p> <p>e. Any incomplete, inaccurate, or false statements may invalidate the transfer.</p>	
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: