## GUILFORD COUNTY SCHOOLS APPLICATION FOR RELEASE OF A STUDENT TO ANOTHER SCHOOL SYSTEM - 2021-2022

	Today's date:
PLEASE PRINT: Student's Name	
Age Date of Birth/ Gender Female Male	
Circle One	Email
ETHNICITY: (Must select one)	Address:
RACE: (Must select at least one)	
☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander	
Name of Parent/Legal Guardian	
AddressCity/State	Zip
Home Phone ( Work Phone (	)
Guilford County Attendance Zone School Assignment	
Release requested to attend school in which County/school system?	
My signature below certifies that I have completely and accurately answered t	he information above. Should any of the responses change after
completing this form, I will notify the school district immediately. I understand as prescribed above, it shall result in revocation of assignment. I further transportation for the student. I also understand this application is only for understood that any attendance or behavior problems shall be sufficient cause.	understand that the district is under no obligation to furnish the year noted and must be resubmitted annually. Further, it is
Name of Parent/Legal Guardian (PLEASE PRINT)	ignature of Parent/Legal Guardian
RETURN REQUES STUDENT ASSIGNMENT OFFICE Guilford County School	
In compliance with federal laws, Guilford County Schools administers all educational programs, employment ethnic origin, color, age, military service, disability or gender, except where exemption is appropriate and all AC for a complete statement. Inquiries or complaints should be directed to 120 Franklin Boulevard, Greensb	owed by law. Refer to the Board of Education's Discrimination Free Environment Policy
DEADLINE FOR SUBMITTING REASSIGNME	NT REQUESTS IS ON JULY 1, 2020
FOR OFFICE USE ONLY - ACTION TAKEN  APPROVED Signature	Date
	Student Assignment
DENIED Note:	