

## Montcalm Area Intermediate School District Release Form



**IMPORTANT:** Completion of this form does not automatically enroll a child in another district. The parent is responsible for contacting the district in which the child/children wishes to attend; completing enrollment papers, supplying immunization records and birth certificate(s), and any other required forms.

Name of Parent:	Phone:			-
Address:	City:			
Name of Child	<u>Grade</u>		Date of Birth	
		-		
Name of School District of Residence:				
Name of School District you are currently attending:				
Name of School District you wish your child to attend:				
Special services required by student: Yes No  If yes, please identify				
Has the student(s) been expelled from a school? Yes	No			
Are charges for expulsion pending against the student(s)?	Yes	_ No		
Please state Why You Want Your Child Released:				
to, the stipulations, operations aspects of the "Release" pro  Signature of Parent(s)/Guardian(s) or Student (if			DATE	
HOLD HARMLESS CLAUSE: (read carefully) The pa as a "Released" student in the Montcalm Area Intermediate Intermediate public school district, its employees, and Boa potential participation or actual participation as a "Released participation, student discipline related to behavior and/or Please release all information regarding the above named s documents in the following categories: CA60, MEAP sco worker or teacher consultant reports, reports from other ag- grade reports, transcripts, record of special education place	e School Distri ard of Education d" child/student all other aspect student(s) to the res, EDP, porti- encies, i.e., De	ct, agree(s) to n members for the relative to acts of participate e receiving sch folios, discipling partment of Sci	hold harmless each Montcalm Courany decision in the selection proceademic achievement, co-curricular ion as a member of a student body ool district. Information should intary files, psychological evaluation ocial Services, mental health recom	ess and/or clude all s, social mendations,
I hereby <b>RELEASE</b> the above named student(s) to the			school district for	
the remainder of the student's educational years or until the	ey choose to le	ave the district		
Releasing Superintendent:		Date:		_
I hereby ACCEPT/DENY the above named student(s) to o	our school dist	rict.		
Superintendent:		Date:		_