

# 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:	For CHOICE district use only:
District: _____	District: _____
Building: _____	Building: _____
Approved: _____ Yes _____ No	Approved: _____ Yes _____ No
_____ Superintendent's Signature (resident district) Date	_____ Superintendent's Signature (resident district) Date

