



School Year

PART A: Student Information

Student's Last Name First Name Middle Name Date of Birth Grade

Address City/State ZIP Code Parent Name Telephone #

Request for release to attend which school district?: School:

PART B: Reason for Request

- Health Location of Childcare Educational Continuation at Present School
Safety Financial Detrimental Condition
Location of Parent's Workplace

Please provide reason for each item marked (Optional):

PART C: Understandings and Agreement

This release is to be presented to the administrative office of the school district in which the above named student wishes to enroll. I understand that:

- This action withdraws named student from the Yakima School District;
This release must be renewed annually;
The responsibility for transporting the above named student resides with his/her parent(s)/guardian(s) and not with the Yakima School District; and
Yakima School District will not assume financial responsibility for excess costs which may occur due to the provision of special education or other services in the district to which the above named student has been released.

Signature of Parent/Legal Guardian(s)/Student (if age 18) Date Print Names of Parent/Legal Guardian(s)/Student

PART D: Yakima School District Approval

Superintendent or Designee Date Director of Special Education (if applicable) Date