APPLICATION FOR RELEASE

FROM UNION COUNTY PUBLIC SCHOOLS

We, the parents of			Grade), * who
(Ch	nild's full name)		(Grade)
reside in the Union County Public	School Admini	strative Unit, r	equest that he/she
h		_	
be released from such unit so that	admission to th	e(City or ('ounty)
Administrative Unit may be reque	(City of C	school year. We	
Transmistrative emit may so reque			school years ****
Currently reside at:			,
•	(Street Addı	ess)	
which is in the (Union Co		schoo	l attendance area.
The reason for this request is			
(Date)	•	(Parent	's Signature)
		•	
RELEASE FROM UNION COUN	TY ADMINIS	FRATIVE UNI	T
			· -
The Union County Schools Board of Educ	cation releases the	above named stud	lent from the
jurisdiction of the Union County Public S	chools Administra	tive Unit for the_	school
year. This release becomes effective upon	the acceptance of	the student by the	Board of Education of
the receiving administrative unit.			
(Date Approved)	(Sı	perintendent's/De	esignee's Signature)
((5)	1	a

Dr. Stacey Barber, Director of Student Assignment 400 North Church Street Monroe, NC 28112 Phone: 704-296-1005 stacey.barber@ucps.k12.nc.us

^{*} Please complete one application per child and return to: