APPLICATION FOR RELEASE

FROM UNION COUNTY PUBLIC SCHOOLS

We, the parents of		, , , * who
	(Child's full name)	(Grade)
reside in the Union County P	ublic School Admin	istrative Unit, request that he/she
1 1 16	41 . 4 . 1 4 . 41	•
be released from such unit so	that admission to the	(City or County)
Administrative Unit may be	school year. We	
Training tractive Cine may be I	equested for the	school year. We
Currently reside at:		
Currently reside at:	(Street Add	lress)
which is in the		school attendance area.
The reason for this request is		
(Date)		(Parent's Signature)
(= 3333)		(
RELEASE FROM UNION C	OUNTY ADMINIS	TDATIVE UNIT
RELEASE FROM UNION C	CONTT ADMINIS	TRATIVE ONII
The Union County Schools Board	of Education releases the	e above named student from the
		rative Unit for theschool
		f the student by the Board of Education of
the receiving administrative unit.		
(Date Approved)	<u></u>	Superintendent's/Designee's Signature)
(Date Approved)	(6	apermendent sibesignee's Signature

Mary Gonzalez, Director of Student Assignment 400 North Church Street Monroe, NC 28112 Phone: 704-296-1005 mary.gonzalaez@ucps.k12.nc.us

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