

PA-1

AVERY COUNTY SCHOOLS
775 Cranberry Street, Newland, N.C. 28657
828.733.6006
828.733.8943 (fax)

APPLICATION FOR PUPIL RELEASE

Date: _____

Name of Student: _____

Date of Student's Birth: _____ Age: _____ Present Grade: _____

Father's Name: _____

Address: _____

Phone: _____ Emergency Phone: _____

Mother's Name: _____

Address: _____

Phone: _____ Emergency Phone: _____

With Whom Does the Student Reside?: _____

Name of Person/Entity with Legal Custody
(by Court Decree) Other Than Parent: _____

Relationship: _____

Copy of Court Decree Must Be Attached

Address: _____

Phone: _____ Emergency Phone: _____

School Student Is Currently Attending: _____

SCHOOL TO WHICH ASSIGNMENT IS REQUESTED: _____

COUNTY: _____

APPLICATION FOR PUPIL RELEASE

STUDENT NAME: _____

List names of any brothers or sisters now attending Avery County Public Schools and the name of school each child attends:

<u>NAME</u>	<u>SCHOOL</u>
_____	_____
_____	_____
_____	_____
_____	_____

State specific reason(s) for the request for assignment of the student to a unit outside of Avery County:

(Attach additional sheets if necessary.)

SIGNATURE OF APPLICANT(S)

Mother's Signature: _____

Father's Signature: _____

WITHOUT COPY OF COURT DECREE (WHEN APPLICABLE), THIS APPLICATION WILL BE DENIED.

Person /Entity Having Legal Custody
(by Court Decree) Other Than Parent Signature: _____

DO NOT WRITE BELOW THIS LINE

STIPULATIONS OF APPROVAL:

Requests for assignment of out of county students are considered by the Avery County Board of Education on a year to year basis. This approval is valid for the current school year only (_____). APPLICATION MUST BE MADE EACH YEAR.

APPROVED BY ACTION OF THE BOARD BY: _____ DATE: _____
ASSIGNED SCHOOL: _____

DENIED BY ACTION OF THE BOARD BY: _____ DATE: _____

Letter of Approval/Denial Forwarded DATE: _____

c: Assigned District School: _____

County of Reassignment Request: _____