

DATE RECEIVED: _____

REQUEST FOR RELEASE TO THE BOONEVILLE SCHOOL DISTRICT

To: Prentiss County School District
P.O. Box 179
Booneville, MS 38829

PLEASE READ CAREFULLY: This form must be filled out COMPLETELY. Incomplete, erroneous or false information may result in a denial of your request or revocation of a request previously granted.

A separate form must be completed for each student for whom a request for transfer is made.

I, the parent/guardian of the student listed below, hereby request a release of the student for the 2022-2023 school year from the Prentiss County School District to attend school in the Booneville School District.

Student's Full Name: _____ Age: _____
(PRINT)

Grade and School Attended in the Spring 2022: _____
(Grade) (School)

Grade and School You Wish to Attend in the Fall 2022: _____
(Grade) (School)

I certify that I live in the Prentiss County School District and that this student lives with me in my residence, and I am requesting a release because (check any box which applies):

- The student and I live in the area of the City of Booneville which was annexed by the City in 1987, and we were living there prior to March 1, 2022. (PROVIDE PROOF OF RESIDENCE, EXAMPLE: CURRENT UTILITY BILL IN YOUR OR YOUR SPOUSE'S NAME)
- The student and I, after March 1, 2022, moved from outside Prentiss County into the annexed area. (PROVIDE PROOF OF RESIDENCE, EXAMPLE: CURRENT UTILITY BILL IN YOUR OR YOUR SPOUSE'S NAME)
- The student is a sibling of a student which was enrolled in grades 7-12 of the Booneville School District prior to the 2007-2008 school year.
- Due to medical hardship for student/guardian (attach proper documentation).
- I was one of the Plaintiffs named in the case styled *Adams, et al. v. Davis, et al.*, Cause No. 2007-041-59-MM in the Chancery Court of Prentiss County.
- Other (specify-attach a separate sheet of paper if necessary):

I certify that I am (check one):

- The student's natural or adoptive parent
- The student's legal guardian appointed by the _____ Court of _____ County (or Parish), _____ (State).

Date: _____
Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

911 Address

City State Zip

Phone No: _____

OFFICIAL USE ONLY
Action Taken:
<input type="checkbox"/> Request Granted <input type="checkbox"/> Denied by PCSD
Board on

President, Prentiss County School Board