

**HOKE COUNTY SCHOOLS  
STUDENT RELEASE APPLICATION**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Regular School Assignment: \_\_\_\_\_ Grade: \_\_\_\_\_

County to be released to: \_\_\_\_\_ School Year \_\_\_\_\_

School Requested: \_\_\_\_\_

Reason for Release Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent/Legal Guardian

**ASSIGNMENT APPROVED FOR CURRENT SCHOOL YEAR ONLY**

**TRANSPORTATION MUST BE FURNISHED BY PARENT/GUARDIAN**

**Return Applications to:**

**Hoke County School  
Marsha Carroll  
310 Wooley Street  
Raeford, North Carolina 28376  
Fax: (910) 875-3362**

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**FOR OFFICE USE ONLY**

\_\_\_\_\_ Denied

Date \_\_\_\_\_

\_\_\_\_\_ Approved

Date \_\_\_\_\_

Signature: \_\_\_\_\_