

FLUSHING COMMUNITY SCHOOLS

Administrative Release - 2024-25 School Year

(Release from FCS)

Important: Completion of this form does not automatically release your child from Flushing Community Schools.

Completed forms must be submitted to the Superintendent's Office for review. Once reviewed, families will be contacted with a decision and an official letter will be sent to the school district that you have requested to attend.

Name of Parent/Guardian(s): _____ Date: _____

Address: _____ Phone: _____

Legal Name(s) of Children: _____ Grade in 24-25 _____ Date of Birth: _____

School your child(ren) are currently attending: _____

School District you wish your child to attend: _____

Has the student(s) been expelled from a school? _____ Yes _____ No

Are charges for expulsion pending against the students(s)? _____ Yes _____ No

Briefly state why you want your child released from your resident school district: _____

NOTE: The signature of the parent/guardian/student (if over 18 years of age) found below indicates understanding of, and adherence to, the stipulations, operational aspects of the "release" procedure:

Signature of Parent(s)/Guardian(s) or Student of Over 18 Years of Age _____ **Date**

I hereby RELEASE the above-named student(s) from Flushing Community Schools for 2024-25. This enrollment is renewable annually.

Releasing District Authorized Signature _____ **Title** _____ **Date**