

## ST. CLAIR COUNTY SCHOOLS STUDENT RELEASE

410 Roy Drive, Ashville, AL 35953 Phone: (205) 594-7131 Fax: (205) 594-4441

www.sccboe.org **2025-2026** 

Name of Student				Social Security Number	
Current Address				Current School	
Mailing A	ddress			School Zone/System	
C'.		Chil	77:	Cala al Davia da	
City		State	Zip	School Desired to Attend	
Race	Sex	Grade		Date of Birth	
Doog this	student messive Cn	udent receive Special Education Services or Accommodations relating to			
	(Use	the back of this	form or additio	onal sheets, if necessary)	
Name of P	Parent/Guardian (Print C	learly	Home l	Phone	
Address			Work F	Phone	
City	State Zip		ip Cell Ph	Cell Phone	
Parent Em	ail				
		(a) for requesting	a a Balanca fr	om the St. Clair County	
School S		i(s) for requesting	ig a Release II	om the St. Clair County	
	<b>,</b>				
Signature of Parent/Guardian Da				te	
student(s)		ol in the St. Clair C	ounty School Sy	ty for transportation of any stem. The St. Clair County rict fees.	
	St. Cla	ir County Schoo	l District Use C	Only	
□ APPRO	OVED	.,		·	
	עב	Date	Sun	perintendent of Education	