

*****THIS FORM IS TIME SENSITIVE*****



AUTHORIZATION TO RELEASE INFORMATION TO HASLETT PUBLIC SCHOOLS
FOR CONSIDERATION AS A SCHOOLS OF CHOICE STUDENT

Top Portion to be Completed by Parent/Guardian

I give my permission for the release of information to Haslett Public Schools regarding all out-of-school suspensions within the past two years as well as any expulsions involving my child.

Parent/Guardian Signature _____ Date _____

Child's Full Name _____ Date of Birth _____ Grade _____

School District/School Name _____/_____

School District Address: _____

School Year(s) of Attendance (i.e.: 2020-21) _____

Please provide names and addresses of all schools/districts your child has attended during the last five years. (A separate form should be used for each school/district – please duplicate form if necessary.) Parents need to complete the above portion, and then an administrator from each school/district your child has attended during the last five years should complete the bottom portion.

To Be Completed by School Administrator

Dear Superintendent, please provide the following information regarding the student indicated above who previously attended your school:

Date the student above attended this school? Enrollment Date: _____ Withdrawal Date: _____

Has this student had any out-of-school suspensions from your school/district in the past five years? No Yes

If yes, please explain:

Has this student ever been expelled from your school/district? No Yes If yes, please explain:

School District Name: _____

Signature of School Administrator: _____ Date: _____

Printed Name: _____ Phone Number: _____

Superintendent, please return the completed form to the parent listed above for inclusion with their SOC application.