

Craven County Schools
Request for Release From Craven
County

County Requested _____

(Office Use Only)

Date Rec'd at Supt. Office _____

DATE _____

Please use a separate form for each child and print clearly.

STUDENT'S FULL NAME _____ GRADE (this year) _____

Male _____ Female _____

Names of siblings also requesting reassignment to this county: _____

STUDENT LIVES WITH _____
(Print names of adults in household responsible for child)

The above listed adults are:

MOTHER _____ FATHER _____ OTHER _____ (IF OTHER, PLEASE EXPLAIN): _____

WE LIVE AT THIS ADDRESS: _____
House Number Street City
(MUST BE PHYSICAL ADDRESS, NOT A POST OFFICE BOX)

STUDENTS AT THIS ADDRESS ARE ASSIGNED TO WHAT SCHOOL? None Selected _____

If student does not live with both mother and father at the above address, please give complete names and addresses below:

Father: Legal Guardian ☐ Court Appointed Custodian ☐ Name and Address: _____ _____ _____
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Mother: Legal Guardian ☐ Court Appointed Custodian ☐ Name and Address: _____ _____ _____
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ADDITIONAL INFORMATION:

SCHOOL ATTENDED None Selected	Last GRADE	This student has an IEP (Individualized Education Plan) _____ Yes _____ No _____ In Place (Explain Special Services and/or classes this child is eligible for) _____ Pending (Explain)
The school currently attending/attended is located in what county?		
Length of time at this school?		

I/We are requesting that our child attend _____ County Schools for the current school year for the following reasons:

Superintendent Decision:

☐ (N) Approved, pending acceptance in _____ County

☐ (J) Denied – Reasons:

Signature _____

Date _____

Parent Signature and Mailing Address

City State Zip

Telephone: Home _____ Work _____

Email Address: _____

Parent must fully fill out, sign, and date form before returning it to:
Craven County Board of Education, Attn: Student Services
3600 Trent Road
New Bern, NC 28562