

Gull Lake Community Schools

STUDENT RELEASE FORM – 2026/2027

10100 East D Avenue, Richland, MI 49083
Voice: 269.548.3400 * Fax: 269.548.3401



STUDENT INFORMATION

Student Information

Student Name	Gender	Birth Date	Grade	Previous School Attended	School Requested

Parent Information

Parent Guardian Name:	Daytime phone:
	Email address:
Street:	City/Zip:

Reason for Request

This request is for release to a nonresident district: ☐ To complete the current school year in requested district ☐ To complete senior year in High School ☐ For next school year ☐ Parent/guardian is employee in requested district ☐ Special program is not available at resident district – attach documentation ☐ Other (describe in comments below):	Is the student receiving special education programs or services? ☐ yes ☐ no Parent: If yes, attach a copy of the current IEP. Has the student been expelled or suspended in the last two years? ☐ yes ☐ no If yes, check ☐ the student name above and describe below.
Comments: _____ Parent Signature	

District Signatures

Resident (Releasing) District:	☐ Approved ☐ Denied
Releasing Superintendent:	Date: