Application for Release from Potterville Public Schools

The following application must be filled out completely and returned to Potterville Public Schools. **This application is only valid for the 2025-2026 school year.**

Name of Parent:	**Date:**	
Address:	**City:**	**Phone:**
Full Name of Child:	**Grade Completed:**	**Date of Birth:**
Full Name of Child:	**Grade Completed:**	**Date of Birth:**
Full Name of Child:	**Grade Completed:**	**Date of Birth:**
Full Name of Child:	**Grade Completed:**	**Date of Birth:**
Name of School District you child(ren) wish to attend:		
☐ Initial Application ☐ Renewal Only		

Has your child ever been expelled or suspended in the last two years? ☐ Yes ☐ No

If yes, please explain: _____

Are charges for expulsion pending against the student? ☐ Yes ☐ No

Please state why you would like you child(ren) released from Potterville Public Schools.

The signature of the parent/guardian/student (if over 18 years of age) found below indicates understading of, and adherence to, the stipulations and operational aspects of the student release procedures. Further, it is understood that is the parent(s), guardian(s), student(s) (if over 18 years of age) withholds information or provdies false or inaccurate information, the request and approval are immediately null and void.

Parent/Guardian (Please Print):

Signature: **Date:**

I hearby ___ APPROVE ___ DENY release of the above student(s) from Potterville Public School District for the 2025-2026 school year.

Signature of Superintendent: **Date:**

I hearby ___ APPROVE ___ DENY release of the above student(s) to _____ School District for the 2025-2026 school year.

Signature of Superintendent: **Date:**