DISTRICT ACCEPTANCE & RELEASE

SCHOOL OF CHOICE WINDOW CLOSED
(Section 105 – State Aid Act)
Enrolled after 15 calendar days or after the end of the first week of the new semester.

School Year_____

Notification of Acceptance & Release for the School Year 20____-20____ 2nd Semester

Student Name:_____ Date:_____

Address:_____

City:_____ State:_____ Zip:_____

Home District:_____

Choice District and Grade in which enrollment has been requested and accepted:

District:_____ Grade:_____

Superintendent or Designee:_____ Date:_____
(Signature)

Home District in which release has been approved:

District Release Superintendent:_____ Date:_____
School of Choice window has closed. ***Release is only valid for current school year.***

If you agree with the above placement for the school year 20___-20___ semester____, please sign below.

Parent/Guardian Signature:_____ Date:_____

Student Signature (if over 18):_____ Date:_____

After district release has been approved return the signed approval as soon as possible (address shown in box below).

(District of Acceptance enter return address here.)