**APPLICATION FOR RELEASE**

**FROM UNION COUNTY PUBLIC SCHOOLS**

**We, the parents of _____, _____, * who**
**(Child's full name) (Grade)**
**reside in the Union County Public School Administrative Unit, request that he/she be released from such unit so that admission to the _____**
**(City or County)**
**Administrative Unit may be requested for the _____ school year. We Currently reside at: _____,**
**(Street Address)**
**which is in the _____ school attendance area.**
**(Union County School)**
**The reason for this request is _____**

_____

_____

_____

_____ _____
**(Date)** **(Parent's Signature)**

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**RELEASE FROM UNION COUNTY ADMINISTRATIVE UNIT**

**The Union County Schools Board of Education releases _____ from the jurisdiction of the Union County Public Schools Administrative Unit for the _____school year. This release becomes effective upon the acceptance of the student by the Board of Education of the receiving administrative unit.**

_____ _____
**(Date Approved)** **(Superintendent's/Designee's Signature)**

*** Please complete one application per child and return to:**

**Dr. Roger Ashford (6-12)**
**Debbie J. Taylor (K-5)**
**Directors of Support Services**
**400 North Church Street**
**Monroe, NC 28112**
**Phone: 704-296-1004**
**704-296-1005**
**Fax: 704-282-2171**