

Office of Student Services

635 4th Street East, P.O. Box 1028 • Estill, South Carolina 29918

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www.hampton2.k12.sc.us

Student Release Request Form 2017-2018

Date:			
Student Name:			
Grade:	Sex:	Race:	Birth Date:
Parent/ Guardian Name:			
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other			
Mailing Address:		City:	State: Zip:
911 Physical Address:		City:	State: Zip:
Telephone Number: Home: ()		Cell Number: ()	
E-mail Address:			
School Release From: <input type="checkbox"/> Estill Elementary School <input type="checkbox"/> Estill Middle School <input type="checkbox"/> Estill High School <input type="checkbox"/> Never Enrolled in Hampton 2			
Reason for Transfer:			
Name of District Release To:			
Name of New School:			
Contact Person At New School:			
Telephone Number: ()			
Parent/Guardian Signature:		Date:	
Coordinator of Student Services Signature:		Date:	
Director of Student Services Signature:		Date:	
Superintendent Signature:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved			
Deadline: May 31, 2017			