



Student Release Request Form

(Please print all information.)

Date:

As a parent of a student enrolled in Spartanburg School District Seven, I am requesting that my child/children listed below be released from your district to attend school in:

_____.

School(s) attending in Dist. 7 (if applicable) _____

Transfer to become effective on the following date:

Student's Full Name(s):

Address of New School District

Attn: (Supt.) _____

Reason for Request:

Parent's Name:

Parent's Home Address:
(City, State, Zip)

Home Telephone Number:

Work Telephone Number:

Mobile Phone Number:

Parent's Signature:

Please return completed form to:

Spartanburg County School District Seven
Office of Student Services
PO Box 970
Spartanburg, South Carolina 29304 or
Email: clarnold@spart7.org