

**SCHOOL OF CHOICE HOME DISTRICT RELEASE REQUEST
HILLSDALE COUNTY K-12 PUBLIC SCHOOLS'**

Date of Application: _____

Resident School District: _____

School District Requested: _____

Student(s):

<u>Name</u>	<u>Grade</u>	<u>Birth Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent(s) Name: _____

Address: _____

Phone Number: _____

REASONS for Student to be released:

HOLD HARMLESS CLAUSE:

The parent(s) making application for their student to be in the School of Choice Home District Release program for the current school year agree to hold harmless each Hillsdale County K-12 public school district, their employees, and their Board of Education members for any decision in the selection process and/or potential participation or actual participation as an "District Release Request" program for the school year; relative to academic achievement, co-curricular participation, student discipline related to behavior, and/or all other aspects of participation as a member of a student body.

Signature of Applicant Student Parent(s) _____

Signature of Releasing District Superintendent _____ Date _____

Signature of Enrolling District Superintendent _____ Date _____