

OXFORD SCHOOL DISTRICT
REQUEST FOR RELEASE

I AM REQUESTING THE RELEASE OF MY CHILD/CHILDREN FROM THE OXFORD SCHOOL DISTRICT TO ATTEND THE _____ SCHOOL DISTRICT FOR SCHOOL YEAR _____.

<u>NAME</u>	<u>AGE</u>	<u>GRADE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for release: (may use additional paper) _____

_____ Parent/Guardian Signature	_____ Telephone
_____ Physical Address	_____ Mailing Address (if different)
_____	_____

Email (optional): _____

FOR OFFICE USE ONLY

Released from the Oxford School District on _____
By _____ Superintendent
Accepted by _____ School District on _____
By _____ Superintendent