

# Request for Release



Student Services  
 1220 Howard St, Kalamazoo, MI 49008  
 (269) 337-0161, Fax (269) 337-0169  
 2024-2025 School Year

*Every child, every opportunity, every time*

Please **PRINT** the name, grade, age and if they receive special education of each student you are requesting to be released from the Kalamazoo Public Schools

STUDENT(S) NAME	GRADE 2024-2025	AGE	SPECIAL EDUCATION Y/N

### Contact Information:

Student address:		Phone #	
City:		Zip	
State:		Parent/Guardian:	
	Email address:		

Last school attended:	
District to which you want to be released:	
Reason you are requesting a release, be specific:	
Parent/Guardian Signature:	
Date:	

It is my understanding that once my request is approved to have my child(ren) attend school in a district other than the Kalamazoo Public Schools, I am no longer eligible for the

Kalamazoo Promise	Please Initial Box	<input type="text"/>	Parent/Guardian Signature
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### For Student Services Office Only:

Disposition of Request:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Administrative Notes:		
Student Services Director's Signature		Date: <input type="text"/>

The State of Michigan law requires the parent/guardian file a request for release prior to the beginning of each school year.