MARYSVILLE PUBLIC SCHOOLS DISTRICT
RELEASE OF ENROLLMENT REQUEST

To Whom It May Concern:

I would like my child(ren) to attend the Marysville Public Schools District. I am asking Marysville Public Schools to request a Release of Enrollment from the _____ for the remainder of the semester (Select: 1st or 2nd)._____ District Name (i.e. Port Huron, East China etc)

I understand that if I wish to remain enrolled in the Marysville Public School District beyond the current semester, that I will need to apply for Schools of Choice during the required window.

Marysville Public Schools needs the following information to complete the request.

Student Information:

1st Child Name: Last_____ First_____

Birth date_____ Current Grade_____

Building _____

2nd Child Name: Last_____ First_____

Birth date_____ Current Grade_____

Building _____

3rd Child Name: Last_____ First_____

Birth date_____ Current Grade_____

Building _____

4th Child Name: Last_____ First_____

Birth date_____ Current Grade_____

Building _____

Parent/Guardian Information:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Explain Reason for Request (Required): _____

_____

_____

Parent/Guardian Signature: _____Date:_____