

**Craven County Schools**  
**Request for Release From Craven County**  
**2021-2022 School Year**

County Requested \_\_\_\_\_

(Office Use Only)

Date Rec'd at Supt. Office \_\_\_\_\_

DATE \_\_\_\_\_

Please use a separate form for each child and print clearly.

STUDENT'S FULL NAME \_\_\_\_\_ GRADE (2021-2022) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Names of siblings also requesting reassignment to this county: \_\_\_\_\_

STUDENT LIVES WITH \_\_\_\_\_

(Print names of adults in household responsible for child)

The above listed adults are:

MOTHER \_\_\_ FATHER \_\_\_ OTHER \_\_\_ (IF OTHER, PLEASE EXPLAIN): \_\_\_\_\_

WE LIVE AT THIS ADDRESS: \_\_\_\_\_

House Number Street City  
 (MUST BE PHYSICAL ADDRESS, NOT A POST OFFICE BOX)

STUDENTS AT THIS ADDRESS ARE ASSIGNED TO WHAT SCHOOL? \_\_\_\_\_

If student does not live with both mother and father at the above address, please give complete names and addresses below:

**Father, Legal Guardian, Court Appointed Custodian Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mother, Legal Guardian, Court Appointed Custodian Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION:**

<b>SCHOOL ATTENDED in 2020-2021</b>	<b>2020-2021 GRADE</b>	<b>This student has an IEP (Individualized Education Plan)</b> _____ Yes _____ No
The school attended in 2020-2021 is located in what county?		_____ In Place (Explain Special Services and/or classes this child is eligible for) _____ Pending (Explain)
Length of time at this school?		

I/We are requesting that our child attend \_\_\_\_\_ County Schools for the 2021-2022 school year for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Superintendent Decision:**

(N) Approved, pending acceptance in \_\_\_\_\_ County

(J) Denied – Reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parent Signature and Mailing Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent must fully fill out, sign, and date form before returning it to:**  
**Craven County Board of Education, Attn: Student Services**  
**3600 Trent Road**  
**New Bern, NC 28562**