



GEORGE COUNTY SCHOOL DISTRICT

494 Cowart Street
Lucedale, MS 39452

Student Release Form

I hereby request that _____, in grade _____ residing with me in
the George County School District attending _____

- (name of George County School that the student should attend)

be given permission to attend school in the _____ School District

during the 20__ - 20__ school year. (name of district that the student will attend)

Reason: _____

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date: _____

Phone Number: _____

Administrator Approval _____

Date: _____

I, Debra D. Joiner, Superintendent, hereby certify that the Board of Trustees of the George County School District approved the request for transfer as provided under State Law for this student to attend school in another district. This is with the understanding that any additional cost other than state funds shall be paid by the parent or guardian.

Witness my signature this the ____ day of _____, 20__.

Debra D. Joiner, Superintendent