

Craven County Schools
Request for Release From Craven County
2023-2024 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 (2023-2024) _____

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: _____ _____ _____
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Mother: Legal Guardian Court Appointed Custodian Name and Address: _____ _____ _____
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ADDITIONAL INFORMATION:

SCHOOL ATTENDED in 2022-2023	2022-2023 GRADE	This student has an IEP (Individualized Education Plan) _____ Yes _____ No
The school attended in 2022-2023 is located in what county?		_____ In Place (Explain Special Services and/or classes this child is eligible for)
Length of time at this school?		_____ Pending (Explain)

I/We are requesting that our child attend _____ County Schools for the 2023-2024 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