



**Spartanburg School District Seven  
Release Request Form**

**(Please print all information.)**

**Date:**

As a parent of a student enrolled in Spartanburg School District Seven, I am requesting that my child/children listed below be released from your district to attend school in:

\_\_\_\_\_.

**School(s) attending in Dist. 7 (if applicable)** \_\_\_\_\_

**Student's Full Name(s):**

**Address of New School District**

\_\_\_\_\_

**Attn: (Supt.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason for Request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent's Name:**

\_\_\_\_\_

**Parent's Home Address:**  
(City, State, Zip)

\_\_\_\_\_

**Home Telephone Number:**

\_\_\_\_\_

**Work Telephone Number:**

\_\_\_\_\_

**Mobile Phone Number:**

\_\_\_\_\_

**Parent's Signature:**

\_\_\_\_\_

**Please return completed form to:**

Spartanburg County School District Seven  
Office of Student Services  
PO Box 970  
Spartanburg, South Carolina 29304 or  
Email: [amjones@spart7.org](mailto:amjones@spart7.org)