



# Spartanburg School District Seven Release Request Form

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

**Please print all information.**

**School attending in Dist. 7** \_\_\_\_\_

**Student's Name**

**Address of School District**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attention (Supt.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

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

**Home Telephone Number:** \_\_\_\_\_

**Work Telephone Number:** \_\_\_\_\_

**Cellular 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