## **St. Clair County Board of Education** 410 Roy Drive– Ashville, AL 35953

410 Roy Drive– Ashville, AL 35953 Phone: (205) 594-7131 Fax: (205) 594-4441

Web: www.sccboe.org Email: office@sccboe.org

## \*\*\* RELEASE \*\*\*

Name of Student				Social Security Number	
Current Address				Current School	
Mailing Address				School Zone/System	
<u> </u>					
City		State	Zip	School Desired to Attend	
Race	Sex	Grade		Date of Birth	
Does this student receive Special Education Services or Accommodations relating to a disability?   NO  YES – Please provide a description of services or accommodations (Use the back of this form or additional sheets, if necessary)					
Name of Parent/Guardian (Print Clearly)			Home F	Home Phone	
Address			Work P	Work Phone	
City	State	Zip	Cell Pho	one	
Please explai School Syste		s) for requesting	g a Release fro	om the St. Clair County	
The St. Clair (any student(s)	not attending s		lair County Sch	oility for transportation of ool System. The St. Clair	
St. Clair County School District Use Only  APPROVED  DISAPPROVED					
		Date	Supe	erintendent of Education	