

**HOKE COUNTY SCHOOLS
STUDENT RELEASE APPLICATION**

Name of Child: _____ SS# _____

Date of Birth: _____ Race: _____ Phone#: _____

Name of Parent/Guardian: _____

Address: _____

Regular School Assignment: _____ Grade: _____

County to be released to: _____

School Requested: _____

Reason for Release Request:

Date

Signature of Parent/Legal Guardian

**ASSIGNMENT APPROVED FOR CURRENT SCHOOL YEAR ONLY
TRANSPORTATION MUST BE FURNISHED BY PARENT/GUARDIAN**

Return Applications to:

Hoke County Schools
Marsha Carroll
310 Wooley Street
Raeford, North Carolina 28376
Fax to : (910) 875-3362

FOR OFFICE USE ONLY

_____ Denied
_____ Approved

Date: _____
Date: _____

Signature: _____