

**Office of Student Services**

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[www.hampton2.k12.sc.us](http://www.hampton2.k12.sc.us)

**Student Release Request Form  
2020-2021**

Date:			
Student Name:			
Grade:	Sex:	Race:	Birth Date:
Parent/ Guardian Name:			
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other			
Mailing Address:		City:	State: Zip:
911 Physical Address:		City:	State: Zip:
Telephone Number: Home: ( )		Cell Number: ( )	
E-mail Address:			
School Release From: <input type="checkbox"/> Estill Elementary School <input type="checkbox"/> Estill Middle School <input type="checkbox"/> Estill High School <input type="checkbox"/> Never Enrolled in Hampton 2			
Reason for Transfer:			
Name of District Release To:			
Name of New School:			
Contact Person At New School:			
Telephone Number: ( )			
Parent/Guardian Signature:		Date:	
Coordinator of Student Services Signature:		Date:	
Director of Student Services Signature:		Date:	
Superintendent Signature:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved			
<b>Deadline: May 29, 2020</b>			