

SHEPHERD PUBLIC SCHOOLS
OUTGOING STUDENT RELEASE FORM
2020-2021

Name of Student(s): _____ Grade _____ Age _____
_____ Grade _____ Age _____
_____ Grade _____ Age _____

Name, Address, Telephone Number of Parent/Guardian

This request is to transfer from Shepherd Public Schools to:

Effective Date: _____

Date: _____

Signature of Parent/Guardian

Reason for Transfer:

Request Approved By: _____

Request Denied By: _____