



Edgefield County
SCHOOL DISTRICT

**2023-2024 SCHOOL YEAR RELEASE FROM
EDGEFIELD COUNTY SCHOOL DISTRICT**

TO BE COMPLETED BY STUDENT'S PARENT OR LEGAL GUARDIAN

My name is _____

I am the parent/legal guardian of _____

Age ____ Grade ____ Edgefield County School student is zoned to attend _____

District you are requesting that your child be released to attend _____

We live at the following (911) address _____

Telephone Number (Home) _____ (Cell) _____ (Work) _____

List the specific circumstances supporting your request: _____

If this release is granted, it does not imply any financial obligation on the part of Edgefield County School District for your child's attendance at any other institution or system. The District assumes no arrangements for transportation.

Signature of Parent/Legal Guardian

Date

This request is hereby _____ Granted _____ Denied

Signature of Director of Administration

Date