

# Mattawan Consolidated School

**One request per student** must be completed by the student's parent/ legal guardian and submitted to the Mattawan Consolidated School District, attention Leslie Swintz 56720 Murray Street, Mattawan, Michigan 49071 or email to [lswintz@mattawanschools.org](mailto:lswintz@mattawanschools.org)

## SECTION 1: Student Information

Student's Legal Name		DOB	2024-2025 Grade
Address	City		Zip
Parent/Guardian			Phone Number:
Email:			

## SECTION 2

I hereby request that the above-named student be permitted to attend: \_\_\_\_\_ during the 2024-2025 school year on the grounds that he/she will be best accommodated in that district for the reason listed in Section 3 below.

## SECTION 3

In our effort for continuous improvement, please describe your reason for the request for release **(REQUIRED)**:

PARENT/ GUARDIAN SIGNATURE		
<p>AGREEMENT: By signing below I understand that incomplete, inaccurate or false information I have provided may invalidate this transfer. If approved I acknowledge that transportation will be my sole responsibility.</p> <p>* I agree that my electronic signature is the legally binding equivalent to my handwritten signature; it has the same validity and meaning as my handwritten signature. I will not, at any time, repudiate the meaning of my electronic signature or claim it is not legally binding. For your electronic signature please type your <b>first and last name</b> on the <i>Parent/Guardian Signature</i> line below.</p>		
* Parent/Guardian Signature:		Date:
<b>(OFFICE USE ONLY):</b>		
Date Parent/Guardian contacted by Administrator:		
____ Approved ____ Denied	Building Administrator:	Date:
District Decision: ____ Approved ____ Denied	Superintendent/Designee Signature:	Date: