



Out of County
Release to Leave Hillsborough County Public Schools
for the school year (circle one) 2016-2017 or 2017-2018

Mail this application to the Office of Student Planning & Placement
901 E. Kennedy Boulevard, Tampa, FL 33602
If you have questions, contact (813) 272-4692.

A separate form must be completed for each child.

Student's Name: _____		Student Number: _____	
Last _____ First _____ M.I. _____			
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth: (month/day/year) _____	Student's Age: _____	
Grade 2016-2017: _____	Grade 2017-2018: _____	Current School: _____	
County of legal residence: _____		County Requesting: _____	
Mother/Legal Guardian Name: _____		Father/Legal Guardian Name: _____	
Daytime Phone: _____		Home/Cell Phone: _____	
Mailing Address: _____			City, State, Zip _____
<i>Remember to include apartment building or lot number.</i> Apt./Lot # _____			
Is student receiving ESE Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what services? _____	

State specific reasons why you are leaving Hillsborough County Public Schools.

 Parent/Legal Guardian signature

 Date

APPROVED:

NOT APPROVED:

 Date