BRANDYWINE Community Schools
1830 S. 3rd St., Niles, MI 269-684-7150

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2026 – 27 STUDENT RELEASE FORM

Complete one form per student. Form must be completed by the student's legal parent/guardian. This form is for students living outside the Brandywine Community Schools that want to attend Brandywine Community Schools rather than their Resident District. This form must be filled out completely and returned to Brandywine Community Schools along with Proof of Residency (current utility bill).

Student Name:_____ Gender:_____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Grade Level for 2026-2027: _____

Parent/Guardian Name(s): _____

Phone Number: (Home) _____ (Cell)_____ Email:_____

Student Resides with:_____ Relationship: _____

Student's Resident School District:_____ Present School: _____

Does the student currently receive Special Education services or 504 Plan? [ ] Yes [ ] No

If Special Education or 504 Plan, applicants must attach a copy of the student's IEP or 504 plan

Has the student been suspended from school? [ ] Yes [ ] No *(This means either in-school or out-of-school suspension)*

*If Yes, please state school, date & reason*_____

Has the student ever been expelled from school? [ ] Yes [ ] No If yes, when _____

Are charges for expulsion pending against the student? [ ] Yes [ ] No

Has the student ever been convicted of a felony? [ ] Yes [ ] No

Please state why you would like your child released to Brandywine Community Schools _____

_____

Note: The signature of the parent/guardian/student (if over age 18) found below indicates understanding of, and adherence to, the stipulations and operational aspects of the student release procedures. Further, it is understood that if the parent(s), guardian(s), or student (if over 18 years of age) withholds information, provides false or inaccurate information, the request and approval are immediately null and void.

_____

Signature of Parent, Guardian or Student (if over 18 years of age)

TRANSPORTATION TO AND FROM SCHOOL IS THE RESPONSIBILITY OF THE PARENT / GUARDIAN

****

I hereby _____ release or _____ deny release of the above-named student to Brandywine Community Schools for the 2026 – 2027 school year.

_____ _____

Signature of Resident District Superintendent or designee ***(Date)***

*******THIS RELEASE IS ONLY VALID FOR ONE SCHOOL YEAR AND MUST BE RENEWED ANNUALLY*******

FOR BRANDYWINE COMMUNITY SCHOOLS OFFICE USE ONLY

_____Approved **_____ Not Approved**

**** Reason not approved:** **_____ Attendance** **_____ Discipline**

_____ Grades **_____ No Openings**

Principal Approval: _____

Date: _____

Superintendent Approval: _____

Brandywine Superintendent Signature