



Gaston College
Opportunities for Life

SCHOOL RELEASE FORM

To Be Completed by High School Principal and Superintendent

Print Firmly and Legibly in INK

STUDENT INFORMATION

Legal Name of Student: _____ **Date of Birth:** ____/____/____
First Middle Last Month/Day/Year

Address: _____
Street City State ZIP

Telephone # _____ Cell Phone # _____

Last school attended: _____

Address: _____
Street City State ZIP

Date last attended: ____/____/____ **Official Withdrawal Date:** ____/____/____
Month/Day/Year Month/Day/Year

Long-term Suspension Yes: _____ No: _____

(Students who have received long-term suspension must wait six months or until the end of the school year, whichever is longer)

Expulsion Yes: _____ No: _____

(Students who have received expulsion must wait until they reach 18 years of age)

Projected date of high school graduation:

Month Day Year Student School I.D. Number/Social Security Number

Recommend approval to complete Adult High School Education Program prior to projected date of high school graduation. Yes: _____ No: _____

Signature of Principal

Date

I hereby recommend the waiving of the six-month waiting period normally required between withdrawal from public school and admission to Gaston College Adult Education Programs.

Signature of Superintendent/Director of High Schools

Date

****Superintendent/Director of High Schools signature is REQUIRED if student withdrawal date is less than six months**

Review by: _____