



**GLOUCESTER COUNTY PUBLIC SCHOOLS
GLOUCESTER, VIRGINIA**

RELEASE FROM COMPULSORY ATTENDANCE

File No. JEAB-E

DATE: _____ SCHOOL: _____ GRADE: _____

STUDENT'S NAME: _____

IS THIS STUDENT RECEIVING SPECIAL SERVICES? IF YES, THIS RELEASE REQUIRES CONSULTATION WITH THE DIRECTOR OF SPECIAL EDUCATION.

DATE OF BIRTH: _____ NUMBER OF YEARS IN SCHOOL: _____

PARENT/GUARDIAN: _____

PARENT/GUARDIAN ADDRESS: _____

PARENT/GUARDIAN TELEPHONE: HOME: _____ WORK: _____

I. SUMMARY OF SCHOOL PROGRESS SINCE INITIAL ENROLLMENT

- A. Reading Level: _____ as measured by _____ Date: _____
- B. Math Level _____ as measured by _____ Date: _____
- C. Summary of general academic history:

II. OTHER EDUCATIONAL SERVICES RECEIVED BY THE STUDENT

- A. Chapter I _____
- B. Special Education _____
- C. Alternative Education _____
- D. Other _____ Type _____

III. OTHER PERTINENT RECORDS:

- A. Disciplinary Record

Attach the computer printout from Student Disciplinary Tracking

Form SS 96-24A

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- B. Handicapping condition or Special Education placement:

C. Other Factors

IV. ALTERNATIVE INTERVENTIONS OR PROGRAMS APPLICABLE TO THIS STUDENT:
(List each option offered and document efforts made by the school, student, agency, and parents or guardians to implement these options.)

A. Diagnostic Referrals:

B. Results of Referral to Assisting Agencies:

C. Alternative Education Programs Within the Public Schools:

Signature of Committee Members:

Name: _____

Position: _____

Name: _____

Position: _____

Name: _____

Position: _____

Name: _____

Position: _____

Name: _____

Position: _____

Form SS 96-24C

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V. ACKNOWLEDGMENT BY PARENT/GUARDIAN AND STUDENT

We have read the information contained in this record. We acknowledge that the school system and, when applicable, assisting agencies, have attempted to meet the needs of

_____ in good faith.

(Name of Student)

We also acknowledge that this request for Release From Compulsory Attendance was initiated by us, the parents or guardians, in the belief that it was the last alternative to be considered in the best interests of _____.
(Name of Student)

SIGNATURE OF PARENT OR GUARDIAN: _____

SIGNATURE OF REQUESTING STUDENT: _____

DISPOSITION BY PRINCIPAL

The above named student (is / is not) being recommended for a Release From Compulsory Attendance based upon the parent's request and the fact that the school has exhausted all educational alternatives.

SIGNATURE OF PRINCIPAL: _____ DATE: _____

Form SS 96-24D

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VI. FINAL DISPOSITION

The Gloucester County School Board _____ your request
(approved/disapproved)

for the release from compulsory school attendance for your _____
(son/daughter)

_____ at their regular meeting on
(Full name of student)

(Date of meeting)

AS ATTESTED BY: _____

(Superintendent of Schools or Designee)

VII. DISTRIBUTION OF DOCUMENT

- A. Cumulative File (last school attended)
- B. Parent/Guardian and student
- C. Superintendent of Schools
- D. Director of Special Education (when applicable)