



The City of Leeds Board of Education
 1517 Hurst Avenue
 Leeds, Alabama 35094
 Phone (205) 699-5437 x 0 – Fax (205) 699-6629
 Email: gragan@leedsk12.org

RELEASE School year: 2024-2025

THE CITY OF LEEDS BOARD OF EDUCATION WILL NOT ACCEPT RESPONSIBILITY FOR TRANSPORTATION OR PAYMENT OF ANY OUT-OF-DISTRICT FEES.

 Name of Student

 Current Address

 School Attending/Last Attended

 City State Zip Code

 Leeds City School System
 School Zoned to Attend/System

 Race Gender Date of Birth

 School/System Student Desires to Attend

Grade of Student - Beginning August 2024: _____

Receives Exceptional Education services? (Check One) ()Yes ()No

.....

 Name of Parent/Guardian (Print Clearly)

 Home Phone

 Address

 Work Phone

 City State Zip Code

 Email Address

Reason for Requesting a Release from the Leeds City School System

All releases, if approved, are valid for one year only and shall be renewed each year. I certify that all information submitted in support of this application is true and correct.

 Date

 Signature of Parent or Guardian

.....
 Approved (___)

.....
 Denied (___)

 Date

 Dr. John J. Moore, Superintendent