



**REQUEST FOR RELEASE FROM HENDERSON COUNTY PUBLIC SCHOOLS  
TO GO TO ANOTHER SCHOOL DISTRICT  
RELEASE – TO ANOTHER COUNTY**

- *Applications for the 2026-27 school year will be accepted beginning February 1<sup>st</sup>.*
- *An application must be completed for each child requesting a release.*
- *Applications should be mailed, emailed, faxed or delivered to the office of:*

*Administrative Services  
Henderson County Public Schools  
414 Fourth Avenue West  
Hendersonville, NC 28739  
Email: [emglynnc@hepsnc.org](mailto:emglynnc@hepsnc.org)  
Fax Number: (828) 697-5541*

- *It is necessary to complete “RELEASE TO ANOTHER COUNTY” application(s) annually for student(s) who reside in Henderson County and wish to attend a school in another school district. The application will go before the Henderson County School Board for approval. The board meetings are the second Monday each month with no board meeting in July. Applications must be received before noon the Friday prior to the board meeting. Go to <https://www.hendersoncountypublicschoolsnc.org/administrative-services/reassignment/> for specific due dates.*
- *Please contact Liz Glynn at (828) 697-4733 with any questions.*

Student's Name: \_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Location of Home: \_\_\_\_\_  
(Road or Street Name and Number - No Post Office Box) \_\_\_\_\_ (County) \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grade in 2026-27: \_\_\_\_\_ Home School District: \_\_\_\_\_

Current school attending or last attended: \_\_\_\_\_  
(School Name) \_\_\_\_\_ (School System) \_\_\_\_\_

School assignment requested: \_\_\_\_\_

Is your child receiving Exceptional Children services at their current school? (Please Circle) YES  NO

If yes, please state which services: \_\_\_\_\_

If high school, list any high school sports participated in during the preceding year: \_\_\_\_\_

Please state the reason for your request: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Email: \_\_\_\_\_

*For Office Use Only*

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Grade \_\_\_\_\_ Assignment # \_\_\_\_\_ Date \_\_\_\_\_