

INTER-DISTRICT Student Transfer Release & Acceptance Request

Student Name _____

Birth Date _____ Age _____ Current Grade Level _____

School Currently Attending _____ Previous Year School _____

Parent Name _____

Street Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

CONDITIONS OF TRANSFER

1. New transfer requests are recommended to be submitted by May 1st.
2. No bus transportation is provided when you transfer to a school outside your home school attendance zone.
3. Athletic eligibility may be forfeited with the transfer (S.C. High School League). Please check with the receiving school.

I request that my child transfer from _____ School in the attendance area where I live
in Constituent District # _____ to _____ School in Constituent District # _____ beginning
_____ (date) for grade _____. I have attached a written explanation of the reason(s) for the
transfer request.

Parent/Guardian Signature _____ Date _____

RELEASING Board Action: We approve / deny the request for transfer within Constituent District # _____.
(circle one)

Chairperson _____ Date _____

Reason for denial _____

As principal of the receiving school, I verify that space is / is not available in the _____
(circle one)
grade for students who do not reside in the attendance area for this school.

Principal Signature _____

Date _____

RECEIVING Board Action: We approve / deny the request for transfer within Constituent District # _____.
(circle one)

Chairperson _____ Date _____

Reason for denial _____