Students are expected to attend the school for which their residence is zoned, except in unusual circumstances. Transfer requests must include: a completed Application Form, Proof of Current Address, Photo ID, a Letter stating the reason for the desire to transfer, and any accompanying documentation requested. Transfer requests are only considered for these three areas: Childcare, Colleton County School District Employee Option, and Hardship. Transfer decisions will only be considered from February 26, 2018 through May 1, 2018.

**HARDSHIP**

The Transfer Committee will make recommendations regarding the documented hardship. Parents will be notified immediately when the committee makes that decision.

Documentation provided must demonstrate a clear condition of danger or hazard for the student, family, or both. Hardship requests should be supported by statements from medical doctors, psychiatrists, psychologists, social workers, employers, and/or school administrators who have knowledge of the concern. Reports from resource/police officers or other professionals may also be included with the request(s).

**Required documentation check list:**
- Application form
- Proof of Current Address (lease agreement/mortgage statement and utility bill)
- Photo ID
- Copy of student’s birth certificate (long form)
- A letter stating the following: (a) the requested school (school must be open for transfers), (b) the reason for the desire to transfer, and (c) any accompanying documents requested.
- Supporting documentation from medical doctors, psychiatrists, psychologists, social workers, and/or school administrators who have knowledge of the concern may be included with the request. Reports from resource/police officers or other professionals may also be included with the request(s).

**PLEASE MAKE NOTE:**
1. APPLICATIONS WILL NOT BE CONSIDERED FOR SCHOOLS THAT DO NOT HAVE SPACE.
2. INCOMPLETE TRANSFER APPLICATIONS WILL NOT BE ACCEPTED.

Parents/guardians must provide transportation for approved transfer requests.

- Transfers may be revoked for reasons including, but not limited to: repeated tardiness and/or irregular attendance, violation of the Code of Conduct, submission of incorrect information, and employee separation from the district.
- Please submit completed applications to the Office of Student Services at 213 N. Jefferies Blvd., Walterboro, SC 29488.

**NOTE: Grandfathered conditions for fifth grade students ONLY:** A Student Transfer Request application is required from all parents requesting a “grandfathered” condition for students in fifth grade only. Transportation is not provided by the School District for these or any out-of-zone transfers.
STUDENT TRANSFER APPLICATION FORM

Parents(s)/Guardian Name ________________________________________
Street Address __________________________________ City __________ Zip ______
Home Phone __________________ Work Phone __________ E-Mail __________

BASIS OR REQUEST

TRANSFER BASIS (choose one only)

Childcare
CCSD Employee Option (worksite )
Other

Schools zoned for residence: ____________________________________
Schools to which transfer is requested: __________________________________

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Sex</th>
<th>Race</th>
<th>Special Education</th>
<th>Section 504</th>
<th>Grade Level</th>
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</table>

Is this a renewal? Yes/No Last application date? _______________________
Have you submitted any paperwork for the current school year before now? Yes/No (circle one)
Is any student(s) above suspended or expelled? Yes/No (circle one)

If yes to either of the above questions, please explain

Please read the Following Carefully and Initial Each Line

Parents/Guardians must provide transportation for approved transfer requests.
Transfers may be revoked for reasons including but not limited to repeated tardiness and/or irregular attendance, violation of attendance
code, submission of incorrect information and employee separation from the district.
All applications must have the appropriate accompanying documents and current proof of residence.

I have read and understand the directions for applying for the student transfer. I agree to abide by the policies of Colleton County School District. I testify that all of the information on this form and the documentation submitted with my request are true and accurate. I understand that failure to comply with these conditions, or falsification of any portion of the application, may result in revocation of my request.

***FOR OFFICE USE ONLY***

School(s) Zoned for Residence:
Elementary __________

Requested Zone(s):
Elementary __________

School(s) Zoned for Special Education Placement
Elementary __________

Comments:

No Documented Hardship
No Space Available
Basis Not Applicable

Request Granted: __ Yes __ No
Request Denied: __ Yes __ No
Temporary/Expires __________

Signature of Staff Member Processing Request __________ Date __________