



ORANGEBURG CONSOLIDATED SCHOOL DISTRICT 5

REQUEST FOR INTERDISTRICT/INTRADISTRICT TRANSFER

2018-2019 SCHOOL YEAR

***ONLY GRADES 1ST THROUGH 12TH NEED TO APPLY**

(Please check one)

I do not plan to seek a transfer.
(If checked, please sign below and return to address indicated)

I plan to seek a transfer.
(If checked, please complete below, sign and return to address indicated)

Student Name	School Attending in Current School Year	School & District Requested for 2018-2019 School Year	*Grade Level	If new request state reason(s) for requesting transfer (Do not complete if student was approved last school year)

Parent/Legal Guardian Name: _____

(please print)

Address: _____ City _____ Zip _____ Phone: _____

Parent/Legal Guardian Signature: _____ Date: _____

Please return to: Office of Administrative Services
Orangeburg Consolidated School District 5
Ellis Building, 578 Ellis Avenue
Orangeburg, South Carolina 29115

***Pre-Kindergarten and Kindergarten are required to attend their zoned school.**