



DORCHESTER SCHOOL DISTRICT TWO
SPECIAL SITUATION SCHOOL TRANSFER REQUEST

No request will be accepted prior to May 15, 2024, for the 2024/2025 School Year

Approved transfers are granted for one (1) year only.

Requests must be resubmitted each year. Continued approval is not guaranteed.

STUDENT INFORMATION
Initial Request Repeat Request
Last Name First Name Middle Name
School of Residence Requested School
Current Grade Level Date of Birth Age

PARENT/GUARDIAN INFORMATION
(Please Circle) Mother Step-Mother Father Step-Father Legal Guardian
Last Name First Name
Home Address
Home Phone Work Phone Cell Phone
SPECIAL INFORMATION
Student has been referred for testing
Student has a current IEP
Student is on a 504 Plan
Student is currently enrolled in a Gifted and Talented Program

BASIS FOR THIS REQUEST
Briefly state your reason(s) for the request (you may use the back of this form if you need additional space).

My signature below indicates that I understand that if the transfer is approved, the following are applicable:

- I will assume ALL responsibility for transporting my child to and from school on time.
This request is for the above-named child and does not include approval for siblings.
Transfer requests for the purpose of participation in athletics will not be granted.
My child may be ineligible to participate in athletics for a period of 365 days from the date of transfer (SC High School League regulations apply).
If the basis for this request is a program of study, should my child withdraw from the program of study for which the transfer was approved, he/she will be required to return to the school he/she is zoned to attend.
Approved transfers are granted for one (1) year only. Requests must be resubmitted each year. Continued approval is not guaranteed.
A student's transfer may be revoked by the superintendent's designee for reasons including, but not limited to, repeated tardies and/or other irregularities of attendance, and/or repeated consequential violations of the discipline code.
Submission of false information will be grounds for denial of this application or revocation of an approved transfer.
I understand that all transfers must be approved by the Board of Trustees at a Board Meeting, which may delay my student's enrollment.

Signature of Parent/Legal Guardian

Relationship to Student

Date

School of Residence:

Elementary
Middle
High

FOR OFFICE USE ONLY

School Requested:

Elementary
Middle
High

Request Granted Request Denied

Special Notes

Authorized Signature (Administrator)

Date:

Special Notes