

**HAMPTON COUNTY SCHOOL DISTRICT TRANSFER REQUEST FORM
(NOT SCHOOL CHOICE)**

This form is to be completed by the parent/legal guardian of the student named below. Decisions regarding transfers will be made on a case-by-case basis. Sufficient space must be available within the grade being requested. This form **will not** be processed if the home address listed on it does not match the address that the district has on file.

Date submitted: _____ Student: _____

Grade student will be in during the transfer year: _____ Date of birth: _____

Does the student have an IEP? Yes or No Does the student have a 504? Yes or No

A request is hereby made for a transfer for the student named above from:

_____ to _____
CURRENT SCHOOL ATTENDING REQUESTED SCHOOL

In the space below, state the reasons for requesting the transfer. You may attach additional pages if more room is needed. Please read the information on this form, and attach any supporting documents required (i.e. medical statement, legal documents, etc.).

My signature below indicates that I have read and understand board policy JFABC, including, but not limited to the provisions listed below:

- If approved, I will assume ALL responsibility for transporting my child to and from school.
- According to South Carolina High School League Regulations, my child's eligibility for competition in sports may be affected if this transfer is approved.
- If approved, this request is for the above-named child ONLY and does not include approval priority for siblings.
- I understand and agree that my child's continued enrollment in the school of transfer is subject to continued enrollment in the district as prescribed in board policy JFAA, *Admission of Resident Students*, and JFAB, *Admission of Nonresident Students*.
- I understand that, if approved, this transfer may be revoked for grounds described in board policy JFABC, including but not limited to, failure of my child to maintain good conduct and behavior, excessive tardies or absences, or failure to make academic progress.
- I understand that submission of false information will be grounds for denial of this application or revocation of an approved transfer.

Parent/Legal guardian Signature: _____ Date: _____

Hampton County School District Submit completed form to Carole McGrath
Request Approved / Denied _____