



# ORANGEBURG COUNTY SCHOOL DISTRICT

## Transfer Request Form

Request Period | **March 1 - June 30**

School Year: \_\_\_\_\_

Transfer:    Out of Zone    Out of District

Student's Name	Current Zone (East, West, or Central)	Current School & District	Requested School & District	Grade Level	State Reason(s) for Requesting Transfer

**Grade 1-12 ONLY (Pre-Kindergarten and Kindergarten Students are required to attend their zoned school)**

Parent/Legal Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OCSD APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED

DENIED