

**CHARLESTON COUNTY SCHOOL DISTRICT
STUDENT TRANSFER/WITHDRAWAL FORM**

(Laing Middle School of Science & Technology 2705 Bulrush Basket Ln Mt. Pleasant SC 29466)

Telephone: (843 849-2809)

Fax: (843-849-2895, 843-881-8750)

* Student Name: _____ * Grade Level _____ PS ID# _____

X Parent/Guardian Name: _____ Student's DOB _____ State ID _____

* Current Home Address: _____

* Current Phone: _____ * Parent Email: _____

New Address: (If Available) _____

Student HR/Advisement: _____ Guidance Counselor: _____

PS Withdrawal Code: _____ Reason for Withdrawal _____ * Withdrawal Date _____

Special Programs exited:

___ 504 ___ IEP ___ Speech ___ ESOL ___ Gifted & Talented ___ Other _____

New School Information:

___ South Carolina School ___ Virtual school ___ GED
 ___ school outside South Carolina ___ Home school (documentation required) ___ Adult Ed Program (Diploma)
 ___ school outside of United States ___ Ten Day Drop ___ Drop out
 ___ Other: (please specify) _____

* School Name: _____ Address: _____

All material/textbooks have been returned. _____ Total Amount Owed: \$ _____

ID _____ Parking Pass _____ Textbooks: \$ _____

Textbooks: (list items not returned) _____ Media Center: \$ _____

Media Center: (list items not returned) _____ Additional Fees: \$ _____

Receipt Number: _____ Amount Paid: _____

Current Grades: (Please attached) ___ Interim Report Card ___ Quarter 1 ___ Quarter 2 ___ Quarter 3 ___ Quarter 4

Subject	Grade	Subject	Grade	Subject	Grade
ELA		Math		SS/History	
Science		RA Class		RA Class	

* Parent Signature _____ Date _____

Registrar/Data Clerk/Counselor Signature: _____ Date Processed _____

Official W/D Date: _____ W/D Code: _____ 9 GR Code (HS only) _____ Student file sent: _____

Please note that for the 2019-2020 school year, no students should be withdrawn prior to June 23, 2020.