

**Relocated Active Duty Military Families - School Choice Application
2025-2026**

Charleston County School District (CCSD) welcomes and values the men and women serving in the armed forces and their families. In accordance with the Interstate Compact on Educational Opportunity for Military Children, CCSD offers active military families choice options for enrolling their children in schools. Each year, CCSD encourages military families already living in the area to participate in the choice application process for the following academic year.

Active-duty military families relocating to Charleston County after the regular enrollment cycle are eligible to complete the attached application for enrollment in choice programs or schools. Each family should complete an application for each child wishing to attend a school other than the school to which the residence is assigned. Eligibility for programs will be determined if the child meets the entrance requirements for the program for which the family is applying, space permitting.

Detailed information for each school or program is available at www.CCSDSchools.com.

Application Process for Military Families

The application along with a copy of your Permanent Change of Station Orders with assignment to Joint Base Charleston should be completed and submitted to:

School Choice Office
75 Calhoun Street
Charleston, SC 29401
School Choice General Phone: (843) 937-6582/ Office Phone: (843) 937-6457
Email: robinh_jones@charleston.k12.sc.us

Please email Robin Jones, Executive Director of School Choice, with any questions about CCSD school options.

Residency Verification Information (In County Residency) or Request for Out-Of-County Admission

Charleston County residents may be admitted to Charleston County Schools (CCSD) for the 2025-2026 school year. Per CCSD policy JFAB (Admission of Nonresident Students) revised May 2024, Active-Duty Military Personnel who reside outside of Charleston County may apply for a dependent to attend a CCSD School. This provision does not include enrollment at CCSD magnet schools/programs or charter schools. The district will admit a limited number of out-of-county Kindergarten through 12th grade students whose parent/legal guardian are active-duty personnel assigned to Joint Base Charleston to CCSD neighborhood schools. The active-duty assignment orders will be verified by JBC. Enrollment approval is contingent on space availability at the neighborhood school. If approved, the student may remain enrolled at the school until completion of the highest grade level at the school. The student must re-apply when matriculating to another school level or for any other request to change schools. Out-of-County tuition will not be assessed for students admitted pursuant to this provision Transportation to and from the school must be provided by the parent. If approved, parent must request a letter from their resident district releasing their dependent to enroll in a CCSD school. This release letter must be presented to the school to complete the enrollment process/ when the student reports to the school.

Student is Applying to Attend a CCSD (non-zoned) School in the 2025-2026 School Year

First Choice:	Second Choice:	Third Choice:
Name of School Student was Enrolled in During the 2024-2025 School Year		Grade During the 2024-2025 School Year
Specialized Program in Which Child is Now Enrolled (<i>if applicable</i>)		Name of School Student is Zoned to Attend

Student Information

Last Name	First Name	Middle Name
Date of Birth	Gender: Male Female	Grade for 2025-2026 School Year
Street Address		Apartment/Unit #
City	State	Zip Code
Mailing Address (<i>if different from above</i>)		Apartment/Unit #
City	State	Zip Code

Parent/Guardian Information

Last Name	First Name	Relationship to Child
Street Address		Apartment/Unit #
City	State	Zip Code
Mailing Address (<i>if different from above</i>)		Apartment/Unit #
City	State	Zip Code
Home Phone	Cell Phone	Email Address

Additional Parent/Guardian Information (*if applicable*)

Last Name	First Name	Relationship to Child
Mailing Address		Apartment/Unit #
City	State	Zip Code
Home Phone	Cell Phone	Email Address

For Administrator Use Only

Date Received	School Assigned	Authorizing School District Official
Date Completed	Space Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed with Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Date confirmed with Parent	Authorized by (Printed Name) 	Signature