



# DORCHESTER SCHOOL DISTRICT TWO OUT OF DISTRICT ENROLLMENT REQUEST

Out of District Enrollment Requests are for **Active Duty Military Families ONLY**

All requested information should be submitted to Mr. Brian Bohannon, [bbohannon@dorchester2.k12.sc.us](mailto:bbohannon@dorchester2.k12.sc.us)

Approval of enrollment request is contingent upon availability in the requested school/grade level/program

Enrollment will take effect at the beginning of the academic quarter following the date of approval of request

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

**PARENT/GUARDIAN ON ACTIVE DUTY INFORMATION**

(Select One)      Mother      Step-Mother      Father      Step-Father      Legal Guardian

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_<sup>Street</sup>      Work Phone \_\_\_\_\_<sup>City</sup>      Cell Phone \_\_\_\_\_<sup>State</sup> \_\_\_\_\_<sup>Zip Code</sup>

**SPECIAL INFORMATION**

Student has been referred for evaluation    Yes    No    School: \_\_\_\_\_

Student has a current IEP    Yes    No    Classification: \_\_\_\_\_

Student has a 504 Plan    Yes    No

Student is currently enrolled in a Gifted and Talented Program    Yes    No

**REQUIRED DOCUMENTATION**

Copy of Military Orders  
Release from District of Residency  
Copy of IEP/504 Plan, if relevant

**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).

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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).
- Transfer requests for the purpose of participation in a program of study will not be granted.
- A transfer request may be denied due to class/school capacity.
- Approved transfers are granted for one (1) year only. Requests must be resubmitted each year. Continued approval is not guaranteed.
- Submission of false information will be grounds for denial of this application or revocation of an approved transfer.
- 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.

**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

FOR OFFICE USE ONLY	
<b>School of Residence:</b> Elementary _____ Middle _____ High _____	<b>School Requested:</b> Elementary _____ Middle _____ High _____
Request Granted      Request Denied	Special Notes
_____ Authorized Signature (Administrator)	
Date: _____	