BAMBERG COUNTY SCHOOL DISTRICT

Out-of-District Student Application

Dear Parents:

If you reside outside of the Bamberg County School District enrollment area and are interested in your child attending our district, please complete the attached Out-of-District application and return it to the Bamberg County School District office either by mail or in-person.

Your application will need to be approved by the Bamberg County School District Board of Trustees. Prior to the application being presented to the Board of Trustees, you will need to obtain a release from your current school district. Please contact the district office of your current district for information on initiating this process, which should be done prior to submission of the application.

Thank you.

Bamberg County School District
Dennis R. Ulmer, Jr., Interim Superintendent
3830 Faust Street
Bamberg, SC 29003
P. 803-245-3053 | F. 803-245-3056

BAMBERG COUNTY SCHOOL DISTRICT
NOTICE OF NONDISCRIMINATORY POLICY

BAMBERG COUNTY SCHOOL DISTRICT ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL OR ETHNIC ORIGIN TO ALL RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN IN ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ATHLETIC OR OTHER SCHOOL ADMINISTERED PROGRAMS.

Bamberg County School District

3830 Faust Street – Bamberg, SC 29003
Telephone: 803-245-3053

Out-of-District Student Enrollment Application Contract

[***Note**: Bamberg County School District gladly accepts Out-of-District students as space and resources allow.*]

Father/Guardian's Name:			
Mailing Address: Street	City	State	Zip Code
Home Phone #:	**Cell Phone #:**	**Work Phone #:**	
Employer:	**Occupation/Title**	**Email Address**	
Mother/Guardian's Name:			
Mailing Address: Street	City	State	Zip Code
Home Phone #:	**Cell Phone #:**	**Work Phone #:**	
Employer:	**Occupation/Title**	**Email Address**	

Please List All Children for Whom You Are Requesting Admittance:

1-Student's Full Name (Last, First, Middle)	**Date of Birth**	**Grade**

Preferred School of Attendance (Circle One):

Bamberg-Ehrhardt High School (9th-12th)	Denmark-Olar High School (9th-12th)
Bamberg-Ehrhardt Middle School (7th-8th)	Denmark-Olar Middle School (6th-8th)
Richard Carroll Elementary School (5K-6th)	Denmark-Olar Elementary School (5K-5th)

Has your student previously been evaluated in any area due to the suspicion of a disability? If so, please provide additional information.	**Sex (Circle One):** Male Female

2-Student's Full Name (Last, First, Middle)	**Date of Birth**	**Grade**

Preferred School of Attendance (Circle One):

Bamberg-Ehrhardt High School (9th-12th)	Denmark-Olar High School (9th-12th)
Bamberg-Ehrhardt Middle School (7th-8th)	Denmark-Olar Middle School (6th-8th)
Richard Carroll Elementary School (5K-6th)	Denmark-Olar Elementary School (5K-5th)

Has your student previously been evaluated in any area due to the suspicion of a disability? If so, please provide additional information.	**Sex (Circle One):** Male Female

3-Student's Full Name (Last, First, Middle)	Date of Birth	Grade

Preferred School of Attendance (Circle One):

Bamberg-Ehrhardt High School (9th-12th)	Denmark-Olar High School (9th-12th)
Bamberg-Ehrhardt Middle School (7th-8th)	Denmark-Olar Middle School (6th-8th)
Richard Carroll Elementary School (5K-6th)	Denmark-Olar Elementary School (5K-5th)

Has your student previously been evaluated in any area due to the suspicion of a disability? If so, please provide additional information.	Sex (Circle One): Male Female

4-Student's Full Name (Last, First, Middle)	Date of Birth	Grade

Preferred School of Attendance (Circle One):

Bamberg-Ehrhardt High School (9th-12th)	Denmark-Olar High School (9th-12th)
Bamberg-Ehrhardt Middle School (7th-8th)	Denmark-Olar Middle School (6th-8th)
Richard Carroll Elementary School (5K-6th)	Denmark-Olar Elementary School (5K-5th)

Has your student previously been evaluated in any area due to the suspicion of a disability? If so, please provide additional information.	Sex (Circle One): Male Female

REASON(S) FOR OUT-OF-DISTRICT/DISTRICT CHANGE REQUEST:

Person(s) responsible for tuition payment(s):

Name:	
Address	
Home Phone:	Cell Phone:
E-Mail Address:	
Signature:	Date:

New Students at BCSD: If you are a new student at BCSD, you MUST submit a copy of an Official Long Form Birth Certificate, and South Carolina Certificate of Immunizations to your child's/children's school.

Out of District Tuition Fee:

First Child	Second Child	Third Child	Additional Children
$2,505.00	$1,500.00	$1,000.00	Free

- Half of fee is due before start date of enrollment.
- Second half of fee is due the second semester.
- Monthly installments, if needed, can be arranged by contacting Jessica D. Moody, Executive Assistant, at 803-803-245-6644.
- ***NOTE: If monthly installments are arranged and one or more payments are late, the district will remove you from a monthly plan and tuition will be due in full.***

While Bamberg County School District is a public school district, in regards to out-of-district students, I understand the school has the right to refuse admittance to class, terminate enrollment, withhold report cards or transcripts, refuse graduation, and/ or deny transfer of credits or records for any student whose financial account is delinquent, or who violates any of the school rules and regulations.

I have read and accept the terms and conditions set forth in the enrollment contract and agree to full compliance of this binding agreement. I understand it is my responsibility, as well as my child's, to read the 2026-2027 Student Handbook and abide by all rules and consequences set forth by Bamberg County School District. The Board of Trustees shall set forth the rules, regulations and operating policies of Bamberg County School District and all decisions by the Board of Trustees shall be final.

Signature of Parent/Guardian_____

Date_____

Person(s) responsible for the tuition payment please initial beside the statement below:

_____I understand that all contractual commitments must be kept in good financial standing. Bamberg County School District reserves the right to dismiss any student whose tuition is 30 days past due. TUITION NOT PAID BT THE FIRST DAY OF THE FOLLOWING MONTH WILL RESULT IN THE STUDENT(S) BEING REMOVED FROM THE SCHOOL UNTIL PAST DUE TUITION IS PAID IN FULL.

_____I understand that Bamberg County School District reserves the right to initiate legal proceedings, at its discretion, for collection of tuition past due for thirty or more days. All report cards and transcripts will be held if tuition has not been received in a timely manner.

_____I understand that anyone seeking to be released from their contract must submit a letter to the Superintendent indicating their desire to terminate the contract. The fees associated with terminating the contract are as follows and must be paid prior to BCSD agreeing to terminate the contract.

- $2505.00 for the first child
- $1500.00 for the second child
- $1000.00 for the third child
- $ 0.00 for additional children, although all other unpaid contractual fees must be paid

_____I understand this contract may be terminated in the event that the residence of the child(ren) enrolled should move from the areas served by BCSD which include the counties of Barnwell, Bamberg, Allendale, Aiken, Orangeburg, Colleton, and Hampton.

_____I understand that in the event that a child is absent by reason of illness, suspension or expulsion, or for any reason, the obligation to pay shall continue unless released by the Superintendent.

_____I understand BCSD school administrators/personnel have the right and prerogative to determine the correct class as well as grade level at which each child should be assigned.

Signature (Parent, Guardian or Sponsor)_____

Date_____