

**DORCHESTER SCHOOL DISTRICT TWO
SPECIAL SITUATION SCHOOL TRANSFER REQUEST**

No request will be accepted prior to May 15, 2026, for the 2026/2027 School Year

Any application received after July 8, 2026 may not be processed prior to the start of the 2026/2027 school year.

Approved transfers are granted for one (1) year only. Requests must be resubmitted each year. Continued approval is not guaranteed.

Completed forms may be submitted to the school or the Dorchester School District Two District Office.

STUDENT INFORMATION

Request Type: ☐ Initial Request ☐ Repeat Request

Last Name _____ First Name _____ Middle Name _____

School of Residence _____ Requested School _____

Current Grade Level _____ Date of Birth _____ Age _____

*If a student resides outside of the Dorchester School District Two attendance zone, this application must include the student's attendance and discipline records for the current and previous school years.

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____

Home Address _____
 _____ Street _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

SPECIAL INFORMATION

Student has been referred for testing ☐ Yes ☐ No School: _____

Student has a current IEP ☐ Yes ☐ No Classification: _____

Student is on a 504 Plan ☐ Yes ☐ No

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

BASIS FOR THIS REQUEST

Briefly state your reason(s) for the request.

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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 am the parent/guardian of the student.
- If I reside outside of Dorchester School District Two's attendance zone, I understand that I am required to pay annual tuition upon enrollment. The tuition amount for the 2026/2027 school year is \$7,353.
- **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

School of Residence:

Elementary _____

Middle _____

High _____

☐ Request Granted ☐ Request Denied

Authorized Signature (Administrator)

Date: _____

School Requested:

Elementary _____

Middle _____

High _____

Special Notes

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