

**DORCHESTER SCHOOL DISTRICT TWO IN-DISTRICT TRANSFER REQUEST****In-District Request Period      May 15<sup>th</sup> – June 30<sup>th</sup>****No request will be accepted prior to May 15 or after June 30<sup>th</sup>****All requested information should be submitted to the student's school of residence.****STUDENT INFORMATION**\_\_\_\_ **Initial Request**      \_\_\_\_ **Repeat Request**

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

School of Residence \_\_\_\_\_ Requested School \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

(Please Circle)      Mother      Step-Mother      Father      Step-Father      Legal Guardian

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

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

Home Phone \_\_\_\_\_  
Street City State Zip Code

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**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 (you may use the back of this form if you need additional space).

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**.
- 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).
- Should my child withdraw from the program of study for which the transfer was approved, he/she will be required to return to the school he/she is zoned to attend.
- This request is for the above-named child **only** and does not include approval priority for siblings.
- Approved transfers are granted for one (1) school year only. Re-application must be made during the application period (May 15<sup>th</sup> – June 30<sup>th</sup>) each year. Continued approval is not guaranteed.
- 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.
- Submission of false information will be grounds for denial of this application or revocation of an approved transfer.

\_\_\_\_\_  
Signature of Parent/Legal Guardian\_\_\_\_\_  
Relationship to Student\_\_\_\_\_  
Date**FOR OFFICE USE ONLY****School of Residence:**

Elementary \_\_\_\_\_

Middle \_\_\_\_\_

High \_\_\_\_\_

☐ Request Granted☐ Request Denied**School Requested:**

Elementary \_\_\_\_\_

Middle \_\_\_\_\_

High \_\_\_\_\_

Special Notes\_\_\_\_\_  
Authorized Signature (Administrator)

Date: \_\_\_\_\_