



Marion County School District

STUDENT TRANSFER REQUEST FORM

Student's Full Name: _____ Male _____ Female _____

Home address: _____

Home telephone: _____ Date of Birth: _____

This transfer is requested for school year 20__ - 20__, beginning in _____, while student is
in Grade _____.
Month

Expected Grade Level for 20__ - 20__ : _____

What year was the student enrolled in Marion County
Schools? _____

Where will the student reside during the 20__ - 20__ school
year? _____

If the student resides in Marion County, but did not attend Marion County Schools, please
explain why.

Name of Both Parent/Guardian: _____

Parent/Guardian 1

Parent/Guardian 2

Address of Parent/Guardians:

Number Street Apt. Number Apt. or Subdivision Name

City

County

State

Zip Code

Parent/Guardian 1 Contact Information:

Home: _____

Work: _____

Cell: _____

Email: _____

Parent/Guardian 2 Contact Information:

Home: _____

Work: _____

Cell: _____

Email: _____

Transfer Requested: From _____ To _____

School/District Assigned to Above Address

Requested School/District

Answer the following questions, providing any documentation or additional information in support of your answers:

Will the student participate in a vocational program in the requested school/district?

Will the student attend a school in the requested school/district, which provides programs to meet his or her special education needs?

Is student in a Special Education Program? Yes _____ No _____

Does student require special accommodations? Yes _____ No _____

If yes, please explain: _____

Will the student attend a countywide magnet program in the requested school/district?

Has the student previously attended the requested school or a school in the requested district?

Does the student reside with a parent/guardian in Marion County who is a teacher or administrator in the requested school/district?

Is the requested school/district closer to where the student's parent/guardian works?

Will the student's attendance in the requested school/district accommodate a parent or guardian's after-school care needs?

Does the requested school/district offer courses not offered in Marion County?

Completing this form does not guarantee that your request will be granted. Your transfer request will be approved or denied by the Marion County School District Board of Trustees based on the information you provide on this application and in compliance with applicable federal and State laws.

Authorizing Signature: _____ Date: _____

[illegible]

AFFIDAVIT

I HEREBY AFFIRM that the information provided on this application is true and complete to the best of my knowledge. I understand that providing false information or omitting significant information may disqualify this application for further consideration or result in the revocation of an approved transfer. I further understand that the Marion County School District is under no obligation to provide transportation for the student and that any attendance, behavior, or academic problems may result in the revocation of an approved transfer.

Parent/Guardian's Signature:* _____ *Date:* _____

**If you are the guardian or legal custodian of the student, please attach a copy of the court ordered custody agreement.*

PLEASE RETURN COMPLETED FORM BY MAIL, IN PERSON, OR BY FAX TO:

Marion County Schools

719 North Main Street

Marion, SC 29571

Phone: (843) 423-1811

Facsimile (843) 423-8328