

AIKEN COUNTY PUBLIC SCHOOLS – TRANSFER REQUEST

Date _____ Transfer Request for 20____ -20____ School Year

1. Transfer requested from _____ to _____
(Zoned School) (Name of School)

2. Student's Name _____ Grade Next Year _____

Are you requesting the transfer of additional children within your family in addition to this request? Yes No (Complete a separate form for each child.)

3. Parent/Guardian Name/Address: _____

Street Address City State Daytime Phone

4. Is your transfer request due to child-care needs? Yes No

Childcare Provider's Name/Address: _____

Street Address City State Zip Code Daytime Phone

5. Is your transfer request due to medical needs? Yes No
If yes, please provide a statement from your child's doctor indicating need for transfer.

6. Is your transfer request based on your status as a school district employee? Yes No
If yes, please indicate your position and place of employment:

7. If reason for transfer request is not child-care, medical, or school district-employee reasons, please provide additional information on the back of this form.

8. Is this student currently attending the requested school? Yes No

Parent/Guardian Signature _____ Date _____

Mail completed form to: Transfers, School District of Aiken County, 1000 Brookhaven Dr., Aiken, SC 29803 Fax to: 803-641-2485 Or drop off at the district office at above address.

***** Action Taken : District Use Only *****

Request to attend _____ Approved _____ Denied _____

Referred to Area Advisory Council on _____

Academic Officer Signature: _____ Date _____