



Florence County School District Five

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REQUEST FOR TRANSFER FROM FLORENCE COUNTY SCHOOL DISTRICT FIVE TO ANOTHER SCHOOL DISTRICT

I. TO BE COMPLETED BY PARENT OR GUARDIAN

SCHOOL YEAR: _____ NEW RENEWAL

Student's Full Name: _____ Birthdate: _____ Grade _____

School Serving Area of Residence: _____

School Name & School District Requested: _____

Reason for Request: _____

I understand if the transfer is approved:

1. No transportation will be provided by Florence County School District Five.
2. Transfer is valid for **One (1)** academic school year only.

(Printed name of parent/guardian) (Signature of parent/guardian)

Street City State Zip Code

Telephone: _____ Cell: _____ Date: _____

Email Address: _____

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II. FOR OFFICE USE ONLY Approved _____ Denied _____

Superintendent Signature Date