



Enrollment Information for Out of District

Please note: To start the enrollment process the legal guardian must be present and two proof of residency documents and court-ordered documentation must be provided.

For School Checklist See Board Policy/Refer to Policy JFAB

Please bring the following information with you to enroll the student at the Office of Student Services:

- Request Letter from Parent (Explanation to attend DD4)
- Release Letter from Home District
- Recommendation Letter from Administrator (**Renewal Only**)

Once your request has been reviewed, you will be contacted via email with approval or denial. If approved, you will be required to submit payment of \$500.00. We will only accept cash, cashier's check, or money order. **No personal checks.** If denied, no further action is needed.

**Please return all completed forms by mail, in person or via email to:
Dorchester School District Four**

Office of Student Services

600 Minus Street

St. George, SC 29477

Phone: (843) 563-3171

Nancy Britt Stevens: nstevens@dd4.k12.sc.us

D'Angela White: dawhite@dd4.k12.sc.us

Dorchester School District Four Application for Out of District Students

*Only 5-Year-Old Kindergarten – 12th Grade
Students are Eligible*

**NOTE: 3 & 4-year-old preschoolers are not
accepted**

Accurately complete all of the information below and **submit this application, a written request letter and letter of release from the residing district.** Approval of this request is contingent on school board approval in accordance with Board Policy. Once all documentation has been verified, your request will be placed on the next available Board meeting agenda. ALL documentation for requests must be returned to the Office of Student Services.

STUDENT DEMOGRAPHICS

Student's Full Name
(Please use name/spelling on Birth Certificate)

Parent/Guardian Name(s)

Date of Birth

Parent/Guardian Email Address

Home Address (Please do not use PO Box)

City/State/Zip Code

Home Number: _____

Cell Number: _____

- I am requesting a renewal for an out of district student
- This is a NEW request for out of district approval

EDUCATIONAL BACKGROUND

Previous School Attended

Previous District & State

Previous Grade Level

Upcoming Grade Level

DD4 School Requested

Has your child experienced any academic and/or attendance issues (to include tardies) during the last or present school year?

_____ Yes _____ No, if yes, please explain on the back of this form or on an attached sheet. The District will request academic and attendance records from the District or school previously enrolled.

Was your child suspended or expelled during the last or present school year?

_____ Yes _____ No, if yes, please explain on the back of this form or on an attached sheet. The District will request disciplinary records from the District or school previously enrolled.

Has the student previously attended a school in Dorchester County School District Four?

_____ Yes _____ No, if yes, when? _____

Reason for Leaving? _____

OUT OF DISTRICT REQUEST

Reason for request to attend Dorchester County School District Four: (Please (√) check one.)

- Residence is closer to schools in Dorchester County School District Four. (See S.C. Code Ann. §59-63-480)
- Student owns property assessed at \$300.00 or more in Dorchester County School District Four (assessment notice from Dorchester County required) (See S.C. Code Ann. §59-63-30 & §59-63-45)
- Other, Please Explain: _____

If requesting a renewal of an out-of-district approval, please attach one letter of recommendation from a school administrator.

This request must be approved by the Dorchester County School District Four Board of Trustees in accordance with Board policies, applicable State and federal laws. Upon approval, the District will notify the parent/guardian of the Board's decision. Pursuant to Board Policy JFAB, the District may charge a tuition fee. The parent/guardian will be responsible for **out-of-district tuition fee of \$500.00** in accordance with the policy. Once payment is received, the parent/guardian may set an appointment with the designated school to register their child for the approved school year. **Out-of-district approvals are valid for only the year approved. Continued enrollment requires annual approval.**

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 Dorchester County School District Four 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.

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NOTICE

Completing this form does not guarantee that your request will be granted. Your transfer request will be considered by the Dorchester County School District Four Board of Trustees based on the information you provide on this application and in compliance with applicable federal laws, state laws, and board policies.

FOR OFFICE USE ONLY:

Final Action of the Board of Trustees:

€ Granted

€ Denied

Superintendent's Signature

Date

Reason for Denial: _____

