



Florence County School District Five

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Johnsonville, South Carolina 29555

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**REQUEST FOR RELEASE 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 _____

(Signature of Superintendent) (Date)