



**Florence County School District Five**

PO Box 98 • 156 East Marion Street  
Johnsonville, South Carolina 29555

Phone: (843) 386-2358

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**2025-2026  
REQUEST FOR RELEASE  
FROM FSD5 TO ANOTHER SCHOOL DISTRICT**

**TO BE COMPLETED BY PARENT OR GUARDIAN**

Date: \_\_\_\_\_ New or Renewing: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade \_\_\_\_\_

School in Child's Home County: \_\_\_\_\_

School Requested in FSD5: \_\_\_\_\_

Reason for Request \_\_\_\_\_

**I understand if this release is approved:**

1. Transportation will **NOT** be provided by FSD5.
2. Transfer is valid for **One (1)** academic school year only.

\_\_\_\_\_  
(Printed name of parent/guardian)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Return completed form to Robin Altman at [raltman@fsd5.org](mailto:raltman@fsd5.org)

**FOR OFFICE USE ONLY**

Approved _____	Denied _____	
(By: FSD5 School Board)	Signature of Superintendent	Date

This request was sent to parent and \_\_\_\_\_

	School District	Date
		Sign