



Florence County School District Five

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

Phone: (843) 386-2358

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**2026-2027
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 Student's Home County: _____

School Student Will be Attending: _____

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

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