



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.

SECTION I STUDENT DEMOGRAPHICS

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

Parent/Guardian Name(s)

Date of Birth

Parent/Guardian Email Address(es)

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 (Go to Section III)

This is a NEW request for out of district approval (Go to Section II)

SECTION II EDUCATIONAL BACKGROUND

Last School Attended

Last District & State (if out of State)

Last Grade Level Completed

Upcoming Grade Level

DD4 School Requested (pending space)

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? _____

SECTION III 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.

Please return all completed forms by mail, in person or via email to:

Dorchester School District Four

Director of Student Services

500 Ridge Street

St. George, SC 29477

Phone: (843) 563-4535

nstevens@dd4.k12.sc.us

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 and State laws, and Board policies.

FOR OFFICE USE ONLY:**Final Action of the Board of Trustees:**

Granted Denied Withdrawn Not Necessary

Superintendent's Signature_____
Date

Reason for Request: _____