

**Edgefield County School District**  
**#3 Application for Out of Zone Transfer Request**

Are you a resident of Edgefield County?             Yes         No  
Do you pay taxes on a residence in Edgefield County?     Yes         No

Name: \_\_\_\_\_  Parent     Guardian  
Mailing Address: \_\_\_\_\_  
Residential Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name of Student: \_\_\_\_\_  
Last School Attended: \_\_\_\_\_  
Last Grade Completed: \_\_\_\_\_  
School Requested: \_\_\_\_\_ School Year Requesting: \_\_\_\_\_

**Please provide documentation for proof of residence for Edgefield County and list your reasons for wanting to attend an out of zone school by attaching a written request letter to this form.**

**Guidelines and Regulations**

Transfer agreements are terminated at the end of the current school year. Continued enrollment in the out of zone school must be made each year and be submitted to the requesting school no later than March 29<sup>th</sup> prior to the beginning of school. Such requests will be heard at the first school board meeting in June.

All transfers are contingent upon school board approval.

Any violation of school rules and district policy by the student and/or parent(s) can result in a transfer being revoked.

Providing inaccurate information can result in the transfer being revoked.

Problems with discipline, attendance, tardies and/or academics can result in the transfer being revoked.

Transportation to an out of zone school is the responsibility of the parent and will not be provided by the Edgefield County School District.

I have read and agree with the above guidelines and regulations.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**\*\*\* \*\* \* \* \* \* \* School and District Use Only \* \* \* \* \* \*\* \* \* \* \***

Has the student experienced any of the following problems during the present or last school year? If applicable, please provide documentation.

Discipline	Y	N
Attendance	Y	N
Tardies	Y	N
Academics	Y	N
Is space available	Y	N

Is this an Edgefield County School District employee application    Y    N

Employee's name: \_\_\_\_\_

Employee's place of employment: \_\_\_\_\_

Has proof of residence for Edgefield County been established and approved:    Y    N

#3 Method of Student Enrollment form completed:    Y    N

I agree \_\_\_\_\_, do not agree \_\_\_\_\_ to accept this student for the School year.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Assignment

\_\_\_\_\_  
School Year

\_\_\_\_\_  
District Signature