

ABBEVILLE COUNTY SCHOOL DISTRICT

Revised 06/2019

REQUEST FOR TRANSFER/RELEASE**SCHOOL YEAR: 20__ - __**

Student Names(s): _____ _____ _____ _____	Grade _____ Grade _____ Grade _____ Grade _____		
<table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;">Parent _____ Home Address _____ Mailing Address (if different) _____ _____ _____</td><td style="width: 50%; vertical-align: top;">Telephone: _____ Mail or return completed form to: Dr. Skip Hopkins Director of Student Services Abbeville County School District 400 Greenville Street Abbeville, SC 29620</td></tr></table>		Parent _____ Home Address _____ Mailing Address (if different) _____ _____ _____	Telephone: _____ Mail or return completed form to: Dr. Skip Hopkins Director of Student Services Abbeville County School District 400 Greenville Street Abbeville, SC 29620
Parent _____ Home Address _____ Mailing Address (if different) _____ _____ _____	Telephone: _____ Mail or return completed form to: Dr. Skip Hopkins Director of Student Services Abbeville County School District 400 Greenville Street Abbeville, SC 29620		
Name of School to Transfer from: _____			
Name of School or School District To Transfer to: _____			
Reason for Request for Transfer/Release: (continue on back if necessary) _____ _____ _____			
For approval, both principals must agree to the transfer. Transfer students must be responsible for their own transportation. The transfer may be rescinded for failure to follow school rules, for truancy, for failure to pay out-of-district tuition (if applicable), for changes in student enrollment, or for providing false information.			
Parent Signature: _____ Date _____			

For District Use: Approval / Denial			
Signatures	Date	Approved	Denied
Principal:			
Principal:			
Director of Student Services:			
Reason:			