



2019-2020 SCHOOL YEAR

Student Transfer Request

GUIDELINES

1. All student transfer requests are approved for one year only.
2. Student transfer requests must be submitted annually.
3. **Parents must provide transportation to and from school.**
4. Proof of residence must be provided.
5. York School District One reserves the right to rescind approval due to overcrowded conditions, inappropriate student behavior, or any other reason that the Board or their designee deems necessary.

PLEASE PRINT LEGIBLY

Date _____

Parent/Guardian Name _____

Home Address _____

Email Address: _____

(If provided – response will be made by email.)

Home Telephone Number _____ Business Number _____

Name of Business _____

Name of Student _____ *(A separate form must be submitted for each student.)*

Date of Birth _____ Grade (**2019-2020**) _____

Currently resides in which attendance area: (Circle One)

Cotton Belt Elementary

Hunter Street Elementary

Jefferson Elementary

Hickory Grove / Sharon Elementary School

Harold C. Johnson Elementary School

Other _____

School in which you wish to enroll your child: (Circle One)

Cotton Belt Elementary

Hunter Street Elementary

Jefferson Elementary

Hickory Grove / Sharon Elementary School

Harold C. Johnson Elementary School

York Intermediate School

York Middle School

York Comprehensive High School

Please briefly explain the reason for the transfer request:

Name of person that can verify hardship _____

Home Telephone Number: _____ Work Telephone Number: _____

Please list other children in the home:

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Return Instructions:

Forms can be emailed:

rwebb@york.k12.sc.us

Fax:

684-1903

US Mail:

PO Box 770, York, SC 29745

Attention: Renee Webb

Signature of Parent / Guardian

Date

Office Use Only:

Transfer Approved

Transfer Denied

Superintendent's Signature Date

Comments:
