



ORANGEBURG COUNTY SCHOOL DISTRICT
TRANSFER REQUEST FORM
Request Period: March 1 – June 30
School Year: _____

Transfer () Out of Zone () Out of District

Student's Name	Current Zone East, West, Central	Current School & District	Requested School & District	Grade Level	State reason(s) for requesting transfer

Grades 1-12 ONLY (Prekindergarten and Kindergarten students are required to attend their zoned school)

Parent/Legal Guardian: _____ Email: _____

Address: _____ City/Zip _____ P hone: _____

Parent/Legal Guardian Signature: _____ Date: _____

OCSD Approval: _____ Date: _____

() Approved
() Denied