

**BEAUFORT COUNTY SCHOOLS
2024-2025
REQUEST FOR STUDENT REASSIGNMENT**

This form should be filled out completely and **delivered to the school in which you wish your child to be assigned before June 1, 2024.**

All transfers are contingent on the availability of space in the school.

If the transfer is approved, the **parent or guardian will be responsible for transportation to and from school.**

Out of County requests **must submit** a release form from the county in which you reside.

Transfer requests **must be done annually.**

Name of Student: _____

Grade for 2024-2025 school year: _____

Current School Assignment: _____

Requested School Assignment: _____

Name of Parent/Guardian: _____

Beaufort County Schools Employee: _____ No _____ Yes Work Location: _____

Physical Address: _____

Mailing Address: _____

Phone: _____

List the reason for your request

My signature verifies that I have read and accepted BCS Policy 4150 governing this request. I certify that all information provided is true and complete to the best of my knowledge. I understand that providing false information or omitting significant information will result in an immediate denial or revocation of the student transfer.

Signature of Parent/Guardian: _____ Date: _____

For Beaufort County Schools Use Only:

Approved _____ Denied _____ Principal Signature: _____ Date: _____

Approved _____ Denied _____ Superintendent Signature: _____ Date: _____