

**HORRY COUNTY SCHOOLS  
335 FOUR MILE ROAD  
P.O. BOX 260005  
CONWAY, SC 29528-6005  
PHONE: (843) 488-6770 FAX: (843) 488-6772**

**REQUEST FOR TRANSFER FROM HORRY COUNTY SCHOOLS TO ANOTHER SCHOOL  
DISTRICT (OUT OF COUNTY AND/OR OUT OF STATE)**

**I. TO BE COMPLETED BY PARENT OR GUARDIAN**

SCHOOL YEAR \_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

School Serving Area of Residence: \_\_\_\_\_

School Name & School District Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I understand that if the transfer is approved:**

1. No transportation will be provided by Horry County Schools.
2. The Horry County School Board of Education assumes **NO** responsibility for tuition.
3. Transfer is valid for **ONE (1)** academic school year only.
4. Eligibility requirements for interscholastic activities for secondary students may be affected.

\_\_\_\_\_  
(Printed name of parent/guardian)

\_\_\_\_\_  
(Signature of parent/guardian)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Home Business Cell Date

**II. FOR OFFICE USE ONLY**

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Executive Director for Student Affairs)