

# 2018-2019 SCHOOL CHOICE I TRANSFER APPLICATION

**FEBRUARY 1 - 28, 2018**

For additional information please contact via email at [Yanina.SarliRotti@beaufort.k12.sc.us](mailto:Yanina.SarliRotti@beaufort.k12.sc.us)  
 Mail to: Beaufort County School District, Yanina Sarli Rotti, PO Drawer 309, Beaufort, SC 29901



Please print using ink and fill out completely.

**DEADLINE FOR REQUEST: FEB. 28<sup>th</sup>, 2018**

Resident School (zone)	Current School	Requested School
Student's Name (Last, First, MI)		(Print) Parent's Name:
Physical Address: _____ City: _____ State: _____ Zip: _____		Mailing Address: _____ City: _____ State: _____ Zip: _____
Current Grade:	Next Grade (2018-2019):	Date of Birth:
Race/Ethnicity		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Parent/Guardian Phone Number	
	Home:	Work:
		Cell:

**IMPORTANT INFORMATION:** Each year applications for transfer will be subject to Board of Education Policy. Once approved for a program, the student may remain enrolled until the student completes the grades offered at that school. **Transfer requests are granted based on criteria and space availability (may be subject to lottery assignment);** therefore, parents should carefully consider the potential effect on the family if their children attend schools in more than one attendance area. Approval of the transfer request for a student does not guarantee that approval will be granted for his/her sibling for the same or for future academic years. Transfers will not be allowed for a student to participate in extra-curricular programs, sports, or activities. Upon Administration's request, records of excessive absences, tardiness, discipline problems, or academics may be grounds for non-approval, non-renewal, or immediate termination of the transfer. **Parents must provide transportation to and from school.**

Signature of Parent/Guardian & Date:	Signature of Student & Date:
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**Please select one (1) option in box A or B**

**Must maintain full participation in choice program approved.** All student approved must maintain full participation in the choice program for which they are approved. Withdrawal from the choice program at any time will result in the student having to return to their assigned (resident) home school effective immediately.

*Please check website at <http://beaufortschools.net/cms/one.aspx?pageId=225399> for choice descriptions for each program offered.*

## A. GENERAL TRANSFER OPTIONS

- Majority to Minority
- Senior Status: Complete 5<sup>th</sup> or 8<sup>th</sup> or 12<sup>th</sup> Grade (Circle One)
- Health Hardship (**Must have medical physician's letter attached**)
- BCSD Employee Courtesy \_\_\_\_\_ (location) BCSD Email Address (Only) \_\_\_\_\_

## B. CHOICE PROGRAM TRANSFER OPTIONS (Check the Box and Choice Option Program)

<input type="checkbox"/> BCHS ___ AA-BC (___ A/AE ___ CA ___ ENRM/PAS ___ W); ___ HSA <input type="checkbox"/> BES ___ AMES; ___ Montessori <input type="checkbox"/> BHS ___ HSA <input type="checkbox"/> BLES ___ AC&D <input type="checkbox"/> BLHS ___ AA-BL (___ MT ___ FF ___ FCS ___ BS); ___ PLTW; ___ JROTC** <input type="checkbox"/> BLMS ___ PLTW <input type="checkbox"/> BMS ___ AI; ___ CS <input type="checkbox"/> BRES ___ Chinese; ___ Spanish <input type="checkbox"/> CES ___ LTL <input type="checkbox"/> HEMMS ___ AI; ___ PTLW	<input type="checkbox"/> HHIHS ___ IB <input type="checkbox"/> HHIBE ___ Chinese ___ Spanish; ___ PYP* <input type="checkbox"/> HHISCA ___ AI* <input type="checkbox"/> HHIMS ___ MYP <input type="checkbox"/> JSES ___ LTL <input type="checkbox"/> LIES ___ AI <input type="checkbox"/> LIMS ___ AI; ___ PLTW <input type="checkbox"/> MRHS ___ AA-MR (___ AT ___ ISS/CS ___ M/N ___ PSLE/CJ ___ W); ___ PLTW <input type="checkbox"/> MCRES ___ LTL <input type="checkbox"/> MOES ___ AI	<input type="checkbox"/> OES ___ LTL <input type="checkbox"/> PRES ___ PBL <input type="checkbox"/> PVES ___ AMES; ___ PBL <input type="checkbox"/> RCES ___ PBL <input type="checkbox"/> IA ___ Alt. School <input type="checkbox"/> RRA ___ Montessori; ___ PLTW <input type="checkbox"/> RSIA ___ PBL <input type="checkbox"/> SHES ___ AMES; ___ LTL <input type="checkbox"/> WBES ___ AI <input type="checkbox"/> WBECHS ___ EC <input type="checkbox"/> WBMS ___ PLTW; ___ AI
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**\*Students residing on Hilton Head Island must declare by the deadline above either IB or HSCA.**  
**\*\*Request for Choice for JROTC at BLHS is for May River Students ONLY.**

### SCHOOL DISTRICT OFFICIAL USE ONLY

<input type="checkbox"/> Requested Approved	Denied: <input type="checkbox"/> Grades/ <input type="checkbox"/> Discipline/ <input type="checkbox"/> Attendance	<input type="checkbox"/> Denied: Capacity	<input type="checkbox"/> Denied: No Option Available	<input type="checkbox"/> Denied: Deadline Not Met
Signature of Chief Auxiliary Services Officer		Date		

