

**ABBEVILLE COUNTY SCHOOL DISTRICT
PUBLIC SCHOOL CHOICE APPLICATION**

**REQUEST FOR TRANSFER
SCHOOL YEAR: 2011-2012**

Student Name(s): _____ _____ _____ _____	Grade: _____ Grade: _____ Grade: _____ Grade: _____	Race: _____ Race: _____ Race: _____ Race: _____
Parent: _____ Home Address: _____ Mailing Address (if different) _____ _____ Telephone: _____		
Name of School to Transfer from: Westwood Elementary School		
Name of School to Transfer to: (Select One) _____ Cherokee Trail Elementary _____ Diamond Hill Elementary _____ John C. Calhoun Elementary		
Reason for Request for Transfer: Public School Choice		
Will your child need bus transportation to the selected school?		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Parent Signature _____ Date _____		
FOR DISTRICT USE		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Reason: _____
_____ Director of Federal Programs, Student Services, and Transportation		_____ Date

Mail or return completed form to:
 Mr. Sherwin L. Johnson
 Director of Federal Programs, Student Services, and Transportation
 Abbeville County School District
 400 Greenville Street
 Abbeville, SC 29620