

**REQUEST FOR CHANGE OF STUDENT ASSIGNMENT  
SCHOOL DISTRICT OF MARLBORO COUNTY  
P.O. Box 947  
Bennettsville, SC 29512**

Policies of the Marlboro County Board of Education, consistent with the General Statutes of the State of South Carolina, provide that students must attend school in the attendance area in which their parents or legal guardians reside unless they have requested and been granted permission to attend a different school. Parents of students who wish to request a change in school assignment should complete and return this form. Responses will be forthcoming as quickly as possible and, in all cases, within 30 days.

Name of Student: \_\_\_\_\_

Enrollment Grade: \_\_\_\_\_ Requested School Year: \_\_\_\_\_

Public School attendance area in which student resides \_\_\_\_\_

School to which students is seeking reassignment: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

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Decision of Residing Area Principal:      Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Decision of Receiving Principal:      Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_