



Lowcountry Homeschool Association

NOTIFICATION OF STUDENT TRANSFER

Dear Sir or Madam:

This letter is to inform you that the student listed below is transferring from your school to a home school setting under the auspices of Lowcountry Homeschool Association per SC Code of Laws §59-65-47.

Date: _____

Student's Name: _____

Grade: _____

School Name: _____

School Address: _____

Tel: _____ Fax: _____

Please ensure a COPY of the following applicable educational records, not limited to the list below is given to the withdrawing parent for their records and mailed to:

Lowcountry Homeschool Association P.O. Box 692 Bluffton, SC 29910

- Transcript or Report of school courses completed and credits earned to date
- Courses in progress and numerical grades to date of withdrawal
- Key to your grading system
- **Attendance Record (required)**

I, hereby authorize release of all school records to Lowcountry Homeschool Association for the student listed above.

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____

Regards,

Donna Cartwright

Director