



LOWCOUNTRY HOMESCHOOL ASSOCIATION

P.O. Box 692 Bluffton, SC 29910 Tel: 843-368-8489 Fax: 843-773-6218 Email: admin@lowcountryhomeschool.com
www.lowcountryhomeschool.com

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: _____

DOB: _____ Grade: _____

Parent/Guardian's Name: _____

Mailing Address: _____

Tel: _____ Cell: _____ Fax: _____

Please send an OFFICIAL COPY of all the student's records to the withdrawing parent. Per SC Code of Law (<http://www.scstatehouse.gov/code/t59c065.php>), "educational records shall be maintained by the parent-teacher."

The Parent/Guardian hereby authorizes release of all school records for their student listed above.

_____ If initialed, please forward a copy of all school records to Lowcountry Homeschool Association.

Parent/Guardian's Signature: _____

Parent/Guardian's Name (Print): _____

Sincerely,

Donna Cartwright

Director