

## CHANGE OF PUBLIC SCHOOL NAME

For any public school that is changing its name, please complete and submit the form below by 1) hard copy by mail to the address below **or** 2) save the completed form electronically as a PDF file and submit electronically by e-mail to [kbyrum@ed.sc.gov](mailto:kbyrum@ed.sc.gov) **or** 3) fax the completed form to 803-734-6225.

Karen Byrum  
South Carolina Department of Education  
1429 Senate Street, Room 501C  
Columbia, SC 29201

District:

Superintendent:

Address of school district:

The \_\_\_\_\_ School will change the school name to \_\_\_\_\_ School.

The grade span that this school will serve is \_\_\_\_\_ through \_\_\_\_\_. (*if applicable, include PreK.*)

The school's School Identification Number (SIDN, formerly known as BEDS code) is \_\_\_\_-\_\_\_\_-\_\_\_\_.

This school's name change will be in effective as of the following date: \_\_\_\_\_.

I certify that the school for which I request an SIDN meets all Accreditation Standards for its particular type: elementary school, middle school, secondary school, or career and technology center.

Superintendent's Signature \_\_\_\_\_ Date submitted: