**PUBLIC SCHOOL CLOSINGS**

For any public school that is being closed, please complete this form. The form must be signed by the Superintendent and submitted along with a copy of the district board of trustee meeting minutes noting when the decision was made to close the school. The form and minutes can be sent electronically by e-mail to [dnjones@ed.sc.gov](mailto:dnjones@ed.sc.gov).

If you have any questions, please contact Dana Jones at [dnjones@ed.sc.gov](mailto:dnjones@ed.sc.gov).

District:

Superintendent:

Address of School District:

The following school(s) will close:

| **Name of School Closing** | **SIDN of School** | **Where will the students attend school when this school closes?** | **Date and Year Effective** |
| --- | --- | --- | --- |
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Superintendent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_ \_\_\_