CHANGE OF PUBLIC SCHOOL NAME

For any public school that is changing its name, please complete this form. Once completed, submit 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 School name will change. The school’s new name is 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 effect 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: \_\_\_\_\_\_\_\_\_\_