

**PITT COUNTY SCHOOLS
REQUEST FOR STUDENT REASSIGNMENT**

1. *This form should be executed by parent or guardian and mailed or delivered to the superintendent or his designee.*
2. *The request will be evaluated and the parent or guardian will be notified by mail as to the recommendation.*
3. *All transfers are contingent on the availability of space in the school. If transfer is approved, it is understood that the parent or guardian is responsible for transportation to the receiving school.*

Name of Student _____

Age _____ (2019-20) Grade _____

Name of Parent/Guardian _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Student is presently attending _____ School

Student resides in _____ School District

Request is made for possible reassignment to school(s):

First Choice: _____ School

Second Choice: _____ School

Third Choice: _____ School

Pitt County Schools Employee (if applicable):

Employee's Name _____ Work Location: _____

List reasons for reassignment on reverse side of this form.

By signing below, I certify that all of the information provided is current and accurate. Also, I understand that if false information has been provided, it may result in the immediate revocation of this transfer.

Signature of Parent/Guardian _____ Date _____

For Pitt County Board of Education Use Only

Approved _____ Denied _____ By: _____ Date _____

Reason for Reassignment

Please list siblings that have been reassigned and their current school:

Sibling	Current School
1.	
2.	
3.	
4.	
5.	