

PITT COUNTY BOARD OF EDUCATION

STUDENT TRANSFER APPEAL

2024-2025

Name of Student _____

I wish to appeal the decision rendered regarding my application transfer of my child to

_____ School. My child currently is in the _____ grade and attends
_____ school.

Reason for appeal:

Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Date _____

Email: _____

Return to: *Transfer Appeal Department*
Pitt County Board of Education
hearingrequest@pittschools.org