

**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](mailto:hearingrequest@pittschools.org)