

**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 _____ (2020-21) 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.	