

**APPEAL OF DECISION CONCERNING STUDENT TRANSFER REQUEST
FOR THE 2024-2025 SCHOOL YEAR**

This application is for grades K-12 ONLY

Name of student:

School serving the area of residence:

Requested school:

**** (Category 1 (Red Zone) Schools WILL NOT be considered for transfer.)**

Grade level for the 2024-2025 school year:

The **specific** hardships that my family will experience since my child's transfer was not approved are:

I believe that the decision denying my request for the transfer of my child should be reversed because:

PLEASE PRINT ALL INFORMATION BELOW

I certify that all the information on this appeal is correct to the best of my knowledge and belief.

Parent/Guardian:

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Mailing address: Street/Box

City

State

Zip

Email address:

Home Phone:

Cell Phone:

Parent/Guardian Signature:

Date:

PLEASE MAIL, FAX, OR EMAIL YOUR COMPLETED FORM TO:

Horry County Schools
Attn: Margo Cox
335 Four Mile Rd.
PO Box 260005
Conway, SC 29528-6005

Fax: 842-488-6722

Email: mcox@horrycountyschools.net