



**HERTFORD COUNTY PUBLIC SCHOOLS**  
**Request for Reassignment-School Employee Provision**  
**2024-2025**

*This form should only be used to request reassignment based on HCPS System Employee Request.*

*Please complete and return this form to Hertford County Public Schools, 701 N. Martin Street, Winton, NC 27986, Attn: T. Chanel Sidbury, Assistant Superintendent. **Deadline: July 11, 2025. Requests received after that date will not be considered.***

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Current School Assignment \_\_\_\_\_

Requested School Assignment \_\_\_\_\_

Employee Workplace \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please explain the basis of your request:

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Please keep in mind the following conditions as related to reassignment:

- Transportation to and from school and timely daily arrival to school is the parent's responsibility.
- Ongoing misbehavior and/or truancy issues may result in revocation of this reassignment.
- You must renew this request each year by completing a form and providing updated information.
- Class size requirements may limit or prohibit reassignment requests.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use Only**

Transfer Approved ( ) Not Approved ( )

\_\_\_\_\_  
(Superintendent/ Designee)

\_\_\_\_\_  
(Date)