APPEAL OF DECISION CONCERNING STUDENT TRANSFER REQUEST FOR THE 2026-2027 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 2026-2027 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:	

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: 843-488-6722	Email: mcox@horrycountyschools.net