## Form TR-85

## PITT COUNTY SCHOOLS REQUEST FOR STUDENT REASSIGNMENT

- 1. Under policy of the Pitt County Board of Education, with the exception of the Open Enrollment process, students are to attend school in the area of their residence except when hardship may justify transfer.
- 2. This form should be executed by parent or guardian and mailed or delivered to the superintendent or his designee.
- 3. The request will be evaluated and the parent or guardian will be notified as to the committee's recommendation.
- 4. 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.

Age	(2016-17) Grade _			
Name of Parent/Guardi	an			
Address				(Residence)
City	State _		Zip	
Home Phone		Work Phone		
Student is presently atte	ending			School
Student resides in			Sc	hool District
Request is made for post (parent may request up	ssible reassignment toto three schools)			
List reasons for reassign	nment on reverse side of this f	orm.		
Is this student in good sta	anding at his/her present schoo	1? Yes No	If no, please give	details on reverse
Has this student ever bee reverse side.	n suspended or expelled from a	a school? Yes No	o If yes, plea	ase give details on
	fy that all of the information provided, it may result in the imme			rstand that if false
Signature of Parent/Guard	dian		Date	
For Pitt County Board of Approved Denied	•		Date	

Reason for Reassignment:
Give explanation if student is not in good standing at his/her school:
Orve explanation it student is not in good standing at his/her school.
Give explanation if student has ever been suspended or expelled from a school:
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