

**APPEAL OF DECISION CONCERNING STUDENT TRANSFER REQUEST  
FOR THE 2023-2024 SCHOOL YEAR**

**This application is for grades K-12 ONLY**

*Name of student:*

*School serving the area of residence:*

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

*Requested school:*

*Grade level for the 2023-2024 school year:*

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

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: 842-488-6722

Email: [mcox@horrycountyschools.net](mailto:mcox@horrycountyschools.net)