

**APPEAL OF DECISION CONCERNING STUDENT TRANSFER  
REQUEST FOR THE 2010-2011 SCHOOL YEAR**

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Full name of student: \_\_\_\_\_

School serving area of residence: \_\_\_\_\_

Requested school: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_ Beeper number: \_\_\_\_\_

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**Send form to:**      **Dr. Bobby Nalley, Deputy Superintendent**  
**Horry County Schools**  
**335 Four Mile Road**  
**PO Box 260005**  
**Conway, SC 29528-6005**  
**Fax number: 488-6722**