

Instructions

Families seeking to transfer a Scholarship award should complete this form together with the **receiving** Scholarship school.

- Students must have an award for the 2015-2016 school year to qualify for a transfer.
- If the Department approves the transfer, the student loses his/her award to the original Scholarship school.
- This form must be signed by the parent/ guardian and a representative of the receiving transfer school.
- The receiving school should submit this form to the Louisiana Department of Education.
- Email the completed form to studentscholarships@la.gov or fax it to (318) 703-3605.

Submission of this form is not a guarantee that a transfer will be approved.

Student and Parent Information

Student Name: _____ Student D.O.B: _____ Current Grade: _____

Parent/Guardian Name: _____ Parent/Guardian Primary Phone: _____

Parent/Guardian Secondary Phone: _____ Parent/Guardian Email: _____

Current School Placement: _____

Requested Transfer School: _____ Site Code: _____

Reason for Transfer Request

- Location (*Distance from home to school > 25 miles.*)
- Sibling Unification (*Please briefly explain in the box below.*)
- Special Education Needs (*Please briefly explain in the box below.*)
- Health and Safety Concerns (*Please briefly explain in the box below.*)
- Other (*Please briefly explain in the box below.*)

Signatures

Parent/Guardian

I understand that transfers are not guaranteed but will be considered on a case-by-case basis. My child will continue to attend our current school placement until the transfer is approved. I understand that if the transfer is approved my child loses his/her seat at his/her current Scholarship school. The information I have provided above is accurate and I will supply additional documentation as requested.

Parent/Guardian Signature: _____ Date: _____

Receiving School Representative:

I understand that transfers are not guaranteed but will be considered on a case-by-case basis. I acknowledge that I have a seat for this student in the grade level listed above and will enroll him/her.

School Representative Name: _____

School Representative Signature: _____ Date: _____