

**2013-2014 LOUISIANA SCHOLARSHIP PROGRAM
TRANSFER REQUEST**

TRANSFER REQUEST

- This form must be signed by a representative of the transfer school in order to acknowledge that they have a place for the child
- **Complete the form below and email it to studentscholarships@la.gov or fax it to (318) 703-3605**

REASON FOR TRANSFER REQUEST

___ Sibling(s) currently attend the school

If checked, please list: _____

___ Location

___ Other (please briefly explain below)

Name of parent(s) or guardian(s)
Name of student
Current school placement
Name of transfer school to be considered
Grade level of student
Parent or guardian phone number
Parent or guardian email address

Please sign below if you have completed the form and acknowledge that transfers are not guaranteed but will be considered. By signing, the school is also acknowledging that they have a place for the child in the grade listed above.

Signature of parent or guardian
Name of school representative
Signature of school representative