

LOUISIANA SCHOLARSHIP TRANSFER FORM

Families seeking to transfer a Scholarship award for the current school year must complete this form together with the awarding school.

In order to submit a request to transfer an award, students must:

- Have an award issued by the Louisiana Department of Education (LDOE) for the current school year
- Be registered at a participating LSP School by the designated date shared in the nonpublic newsletter
- Not be assigned to a public school

School Year

Scholarship students who wish to transfer from one participating scholarship school to another are REQUIRED to submit a transfer request form signed by both the parent/guardian and a representative of the receiving school. Transfers are ONLY allowed to schools that meet accountability standards and who have Department approved available scholarship seats.

The school that the student will be attending should submit this form to the LDOE by emailing the completed form to **studentscholarships@la.gov**.

PLEASE TYPE OR PRINT LEGIBLY

School real.				
Print Student's First and Last	Student's D.O.B:		Student's Last 4	Grade for current
Name:			digits of SS #:	school year:
			<u> </u>	<u> </u>
Parent/Guardian's Name:	Parent	:/Guardian's Phone #:	Parent/Guardian's	Email Address:
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Comment Calcad Blackmant		Danisatad Turnafan C	ala a al	Cita Cada fan
Current School Placement:		Requested Transfer School		Site Code for
		Name:		Transfer School:
Briefly describe reason for transfer request:				
briefly describe reason for transfer request.				
I understand that transfers are N	OT guar	anteed but will be cons	idered on a case-by-d	case basis. I understand tha
if the transfer is approved, my o	hild lose	es his/her seat at his/h	er current scholarshi	p school. The information
have provided above is accurate				•
•	,	11 7	'	
Parent/Guardian's Signature:				Date:
I understand that transfers are n	ot guara	antaad and acknowladg	a that I have a seat	and will enroll this student
in the grade listed.	ot guai c	anteed and acknowledg	e that i have a seat,	and will emon this student
in the grade listed.				
Dossiving Cabaal Danvasantativ	o's Non	•••		Data
Receiving School Representative's Name:				Date:
Book to Calcul Book to the				
Receiving School Representative's Signature:				