

School Choice Program for Certain Students with Exceptionalities School Year Transfer Form

Instructions

Families seeking to transfer their educational certificate should complete this form together with the <u>receiving</u> school.

- Students must have been awarded an educational certificate for the current school year to qualify for a transfer.
- 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.

School Representative Signature:

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

| Student and Parent Information | | |
|---|--------------------------|------------------------------|
| Student Name: | Student Date of Birth: | Grade: |
| Parent/Guardian Name: | Parent/ GuardianEmail: | |
| Parent/Guardian Primary Phone: | | |
| Parent/Guardian Secondary Phone: | | |
| Current School Placement: | | |
| Requested Transfer School: | Site Coo | de: |
| Reason for Transfer Request | | |
| ☐ Location | | |
| ☐ Health and Safety Concerns (<i>Please briefly exp</i> | plain in the box below.) | |
| ☐ Other (Please briefly explain in the box below | <i>v.</i>) | |
| Signatures | | |
| Parent/Guardian I understand that transfers are not guaranteed but provided above is accurate, and I will supply addition | - | formation I have |
| Parent/Guardian Signature: | Date: | |
| Receiving School Representative: I understand that transfers are not guaranteed but this student in the grade level listed above and will a | • | wledge that I have a seat fo |
| School Representative Name: | | |

Date: ___