



Office of School Choice

School Choice Program Transfer Form

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

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

- Students must have been awarded an educational certificate 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 Office of School Choice at studentscholarships@la.gov.

Student and Parent Information

Student Name:	Student Date of Birth:	Grade:	Last 4 Digits of SSN:
Current SCP School:		Site Code:	
Requested Transfer School:		Site Code:	
Parent/Guardian Name:	Parent/Guardian Phone Number:	Parent/Guardian Email:	

Reason for Transfer Request

- ☐ Location/Transportation Issues
- ☐ Health and Safety Concerns (*Please briefly explain in the space below*)
- ☐ Other (*Please briefly explain in the space below*)

Signatures

I understand that transfers are not guaranteed but will be considered on a case-by-case basis. The information I have provided above is accurate, and I will supply additional documentation as requested.

Parent/Guardian Signature: _____ Date: _____

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 Signature: _____ Date: _____