

Directions: Complete the form in its entirety and submit, along with a copy of the transfer request denial, to ATTN: Shan Davis P.O. Box 94064, Capitol Station Baton Rouge, LA 70804.

Personal Information

Full Name of Parent or Legal Guardian: _____

Full Name(s) of Child(ren): _____

Home Address: _____

Phone Number: _____ Email Address: _____

School Information

Name of Assigned School: _____ District: _____

Name of Requested School: _____ District: _____

Most recent school letter grade: _____ Assigned school: _____ Requested school: _____

Recent school letter grades can be found on the LDOE website or at louisianaschools.com.

Transfer Request Information

The transfer request denial appeals process applies only to transfers within a school district.

Date of transfer request: _____ Date of transfer request denial: _____

Comments regarding reason for transfer: _____

By checking this box, I certify that I am the parent or legal guardian of the student named above and am applying for an appeal of a denied intradistrict transfer request on behalf of the student.

Signature: _____ Date: _____

Policy Notes:

- Attach a copy of the transfer request denial and return to the contact listed above no later than May 15. Requests will be acknowledged within 10 business days of receipt.
- Requests will be evaluated within 90 days of acknowledgement and no later than the annual June meeting of the Board of Elementary and Secondary Education (BESE).
- If BESE determines that the transfer request denial was not in compliance with school and/or district policy, the Local Educational Authority shall reconsider the transfer request.
- BESE will not consider a transfer request appeal that would exceed the enrollment capacity of a school or classroom as established by the school's governing authority, per LA R.S. 17:4035.1.