COMPLIANCE OFFICE
JEFFERSON PARISH PUBLIC SCHOOL SYSTEM
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SUPERINTENDENT

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COMPLIANCE

SPECIAL EDUCATION - EXTRAORDINARY CIRCUMSTANCE TRANSFER REQUEST for 2016-2017

Name of Student _____ **Grade Entering** _____
First **Middle** **Last**

Parent/Legal Guardian _____ **Phone: (Home)** _____ **(Cell)** _____

Address _____
(NUMBER AND STREET) **(APARTMENT NUMBER)** **(CITY)** **(ZIP)**

Date of Birth _____ **Placement** _____ Regular Education ____ Special Education **Exceptionality:** _____

All transfer requests must be signed and may be sent to the Compliance Office via: fax, hand delivery or U.S. Mail. You will be notified of the status of your transfer request via email or U.S. Mail. Please provide your email address below:

_____
e-mail address

Note: Students with an approved Inter-District Transfer may remain at their current school until the terminal, or last grade of the school, but must submit an Inter-District Transfer Form and the Transfer Permission form along with this Special Education Transfer Request form on a yearly basis.

Name of Parish Currently Residing	**2016-2017 JPPSS Attendance Zone School**	**Name of Requested School**

Criteria for Extraordinary Circumstance Transfer

1. Anyone attending a school outside of their attendance zone or placement school with an approved ***Special Education Extraordinary Circumstance Transfer*** waives school transportation services. Therefore, transportation to and from a receiving school shall be the responsibility of the transferring student or his/her parent(s)/legal guardian(s).
2. A Special Education Extraordinary Circumstance Transfer request may be granted at any time during a school year upon written application of the student's parent(s)/legal guardian(s) where the reason for the transfer is described in writing and submitted to the Compliance Office prior to the effective date of the transfer and the transfer request may thereafter be approved by the Compliance Officer.
3. Each Special Education Extraordinary Circumstance Transfer request must be accompanied by supporting documentation provided by a non-related person such as a treating physician, social worker, or other person unrelated to the person submitting the request and the student on whose behalf the request is made.
4. If your request for a Special Education Extraordinary Circumstance Transfer is denied, you may appeal to the Transfer Committee **by checking the appeal's line below. *** The decision of the Transfer Committee shall be final.
5. A Special Education Extraordinary Circumstance Transfer may be approved to permit a sibling to enroll in the school of enrollment of a student receiving severe handicap services when such services are not available at the severely handicapped student's attendance zone school.
6. Students residing on the east side of the Mississippi River enrolled in schools operated by the School District shall be assigned to attend schools situated on the east side of the river. Students residing on the west side of the Mississippi River shall be assigned to attend schools situated on the west side of the river.
7. A Special Education Extraordinary Circumstance Transfer is only valid for the school year in which it is approved. Students seeking a Special Education Extraordinary Circumstance Transfer in any subsequent school year must reapply.
8. No Special Education Extraordinary Circumstance Transfer shall be approved where the reason in support of the transfer is exclusively based upon pre and/or post-school child care considerations.
9. All Special Education Extraordinary Circumstance Transfer requests MUST be submitted to the Compliance Office.

Documentation:

_____ On a separate attachment, please write all reasons in support of the transfer request.

_____ Attach supporting documentation by non-related person: treating physician, social worker, etc.

This transfer is subject to review and may be rescinded by the Compliance Officer for the following reasons:

- Falsification of information on the Transfer Request Form, the writing explaining the reason for the requested transfer, or the accompanying supporting documentation.
- A change in circumstances on which the transfer was granted.

* _____ **In the event that this transfer request is denied, I would like to appeal such decision.**

I understand that in the event this transfer request is approved, my child's eligibility to participate in sports may be affected under LHSAA rules. For more information on this matter, please call the JPPSS's Athletics, Health and Physical Education Department at 349-8645.

I understand that in the event this transfer request is approved, since I reside outside of the attendance zone for the school, transportation will not be provided by the Jefferson Parish Public School System.

Parent(s)/Legal Guardian(s) Signature _____ Date Submitted _____

Approved: _____ **Denied:** _____ **Approved:** _____ **Denied:** _____

_____ _____
Targeted Populations Representative **Date** **Compliance Officer/Designee** **Date**

Rev. 04/16/ao