

INTER-DISTRICT TRANSFER PERMISSION FORM

_____ Parish School Board

(Academic Year)

Name of Student:

Date: _____

Students Address:

As Superintendent (or Superintendent Designee) of the _____ Parish School Board, I hereby acknowledge your request for the student named above to attend a Jefferson Parish Public School for the _____ school year, and accept your waiver of the right of the student named above to attend a school operated by the _____ School Board.

Signature of Superintendent/Designee

Sending District's Phone Number

Parent(s)/Legal Guardian(s) Signature

Student's Signature

Affix sending district's seal or distinguishing stamp:

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To Students, Parent(s)/Legal Guardians: Falsifying any information on this form will result in the denial of the Inter-district transfer request.