



ISAAC G. JOSEPH
SUPERINTENDENT

COMPLIANCE OFFICE
JEFFERSON PARISH PUBLIC SCHOOL SYSTEM
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GRETCHEN A. WILLIAMS
EXECUTIVE DIRECTOR
COMPLIANCE

**CELERITY WOODMERE CHARTER SCHOOL
TRANSFER REQUEST for 2017-2018**

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

I have chosen to transfer my child to (List in order of preference):

Choice #1 _____ Choice #3 _____

Choice #2 _____

Are siblings also applying? Circle Yes or No Name of sibling(s) _____
(Please submit a separate transfer request for each student)

Parent/Guardian Signature: _____ Date _____

Email: _____

Comments: _____

Office use only :

Approved: _____ Denied ___ due to: _____ Executive Director of Planning/ Designee _____ Date _____

- Capacity
- Residency
- Other _____

Executive Director of Compliance Office/ Designee _____ Date _____

2017-2018 Assigned School _____