



COMPLIANCE OFFICE
PHONE (504) 365-5312 • FAX (504) 365-5362

TAG ALONG 2017-2018 TRANSFER REQUEST FORM

Name of Student _____ Grade Entering _____
First Middle Last

Parent/Legal Guardian _____ Phone _____
Home Cell

Address _____
Number & Street Apt. Number City Zip

Date of Birth _____ Regular Education Special Education Exceptionality: _____

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 on a yearly basis.

Name of Parish Currently Residing 2017-2018 JPPSS Attendance Zone School Name of Requested School
(where Parent/Guardian is assigned)

All transfer requests must be signed and may be sent to the Compliance Office via: fax, hand delivery or U.S. Mail. **Compliance Office** 501 Manhattan Blvd., Ste. 1100 • Harvey, LA • (504) 365-5312

You will be notified of the status of your transfer request via fax, phone, email and/or U.S. Mail.

Please provide your email address: _____

Criteria for Tag-Along Transfers

1. Children of principals, assistant principals, guidance counselors, teachers, coaches and other certified school employees, and classified employees regularly assigned to or employed on a full time basis at a school in grades kindergarten through twelve may attend the regular or comprehensive school in which their parent or guardian is so assigned or employed. With respect to advanced studies academies, such children must meet the admissions standards established for enrollment in a particular advanced studies academy and thereafter comply with such enrollment standards as may be prescribed for continued enrollment.
2. This form must be signed by the parent and the receiving school's principal before being returned to the Compliance Office.
3. A Tag-along Transfer is only valid for the school year in which it is approved. Students seeking a Tag-along Transfer in any subsequent school year must apply on a yearly basis.
4. This form must be accompanied with a copy of the student's birth certificate at the time of submission.
5. TRANSPORTATION TO AND FROM SCHOOL SHALL BE THE RESPONSIBILITY OF THE TRANSFERRING STUDENT OR HIS/HER PARENT(S)/LEGAL GUARDIAN(S).

I understand that in the event this transfer request is approved, my child's LHSAA eligibility may be affected. For further information, please contact the Athletics, Health & Physical Education Department at (504) 349-8645.

Parent's/Legal Guardian's Signature _____ Date Submitted _____

Approved: _____ Denied _____ Approved: _____ Denied _____

Principal's Signature Date Compliance Officer/Designee Date