



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

**INTER-DISTRICT**  
**2017-2018 TRANSFER REQUEST FORM**  
**Deadline to Submit Request: July 14, 2017**

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

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 Inter-District Transfer**

1. If the sending school district is under federal supervision in a pending school desegregation lawsuit, a certified copy of an order of the supervising federal district court authorizing inter-district transfers or authorizing an inter-district transfer for the requesting student shall be attached to this form. Absent the attachment of such an order, no inter-district transfer for a student residing in a school district under federal supervision in a pending school desegregation lawsuit shall be allowed.
2. For all other parishes, State law requires that the approved Inter-district Transfer Permission Form, signed by the superintendent or his/her designee authorizing the inter-district transfer shall be attached to this form.
3. Inter-district transfers are subject to the following additional conditions:
  - Students who live outside of Jefferson Parish, are currently enrolled (2016-2017) in a Jefferson Parish School and have an approved Inter-district transfer will be permitted to continue their education at their current school until the terminal or last grade of that organizational level (i.e. elementary, middle, high) but must submit an Inter-district transfer request.
  - Any applicable state law requirements have been met for inter-district student transfers between the JPPSS and the sending school district.
  - An Inter-district transfer is only valid for the school year in which it is approved. Students seeking an Inter-district transfer in any subsequent school year must reapply.
  - Anyone attending a school outside of their attendance zone with an approved Inter-District 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).

Note: Please include all designated attachments as stated in the Criteria section.

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.

Parent's/Legal Guardian's Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

School Assigned: \_\_\_\_\_

\_\_\_\_\_  
Compliance Officer/Designee Date

COMPLIANCE OFFICE  
PHONE (504) 365-5312 • FAX (504) 365-5362  
**INTER-DISTRICT TRANSFER  
PERMISSION FORM**

\_\_\_\_\_ PARISH SCHOOL BOARD  
\_\_\_\_\_ ACADEMIC SCHOOL YEAR

Student Name \_\_\_\_\_ 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:**

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