**Louisiana Scholarship Program**

**Student Transfer Request Form**

Waitlist Period: July 7 – August 6

**Instructions**

Families seeking to transfer a scholarship award from one school to another must submit this form to the Louisiana Department of Education. Students must currently have a scholarship award to qualify for a potential transfer. If the Department approves the transfer, the student will be placed on the school’s waitlist. If the student receives an award to the school, the student loses his/her award to the original scholarship school. This form must be signed by the parent/ guardian and a representative of the **receiving** transfer school.Email the completed form to**studentscholarships@la.gov** or fax it to **(318) 703-3605.**

**Student & Parent Information**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student D.O.B: \_\_\_\_\_\_\_\_\_\_\_14-15 Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Transfer School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(School must have been listed on original application except in special circumstances as determined by the Department.)*

**Reason For Transfer Request**

\_\_\_ Location *(Please briefly explain in the box below.)*

\_\_\_ Special Education Needs (*Student must have an Individualized Education Plan or Services Plan.)*

 Other (*Please briefly explain in the box below.*)

**Signatures**

**Parent/Guardian**

*I understand that transfers are not guaranteed but will be considered on a case-by-case basis. I understand that if the transfer is approved my child loses his/her seat at his/her current scholarship school. The information I have provided above is accurate and I will supply additional documentation as requested.*

Parent/Guardian Signature: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date:  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Receiving School Representative:**

*I acknowledge that I have a seat for this student in the grade level listed above and will enroll him/her.*

School Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Official Use Only**

Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Outcome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_