



Louisiana Department of Education
Office of Analytics/Systems Management Section

Closing School Form rev. 6/2017

Contact: Kaylie.Loupe@la.gov Email: Kaylie.Loupe@la.gov Phone: (225)342-1872
Please complete this form if your district is closing a school.

Today's Date:			
LEA Name:			
Contact Person:	Phone Number	Email:	
We are requesting the closure of the following school:			
Site Name:		Site Code:	
Date of Closure:	Is this a temporary closure? (re-open within 3 years): yes no		
Students attending this school will be moved to the following schools:			
Site Code	Name of School	# Number of Students	Grades
Please explain reason for closure below:			
Comments:			
Signature of Superintendent:	Print Name:	Date:	
Sponsor Site Coordinator Signature:	Print Name	Date:	

Note: The form must be typed and changes will not be made without proper signatures.