

Families seeking to transfer a Scholarship award for the current school year must complete this form together with the awarding school.

In order to submit a request to transfer an award, students must:

- Have an award issued by the Louisiana Department of Education (LDOE) for the current school year
- Be registered at a participating LSP School by the designated date shared in the nonpublic newsletter
- Not be assigned to a public school

Scholarship students who wish to transfer from one participating scholarship school to another are **REQUIRED** to submit a transfer request form signed by both the parent/guardian and a representative of the receiving school. Transfers are **ONLY** allowed to schools that meet accountability standards and who have Department approved available scholarship seats.

The school that the student will be attending should submit this form to the LDOE by emailing the completed form to [studentscholarships@la.gov](mailto:studentscholarships@la.gov).

**PLEASE TYPE OR PRINT LEGIBLY**

<b>School Year:</b>			
<b>Print Student's First and Last Name:</b>	<b>Student's D.O.B:</b>	<b>Student's Last 4 digits of SS #:</b>	<b>Grade for current school year:</b>
<b>Parent/Guardian's Name:</b>	<b>Parent/Guardian's Phone #:</b>	<b>Parent/Guardian's Email Address:</b>	
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<b>Current School Placement:</b>	<b>Requested Transfer School Name:</b>	<b>Site Code for Transfer School:</b>
<b>Briefly describe reason for transfer request:</b>		

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's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that transfers are not guaranteed and acknowledge that I have a seat, and will enroll this student in the grade listed.

**Receiving School Representative's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Receiving School Representative's Signature:** \_\_\_\_\_