



COMPLIANCE OFFICE  
PHONE (504) 365-5312 • FAX (504) 365-5362 • complianceapp@jpschools.org  
**INTER-DISTRICT TRANSFER PERMISSION FORM**

2023-2024

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\_\_\_\_\_ **PARISH SCHOOL BOARD**

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As Superintendent (or Superintendent/Designee) of the \_\_\_\_\_

Parish School Board. I hereby acknowledge your request for the student named above to

attend Jefferson Parish Schools for the \_\_\_\_\_ school year,

and accept your wavier of the right of the student named above to attend a school operated by

\_\_\_\_\_ School Board.

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

\_\_\_\_\_  
**Signature of Superintendent/Designee**

\_\_\_\_\_  
**Sending District's Phone Number**

\_\_\_\_\_  
**Print Name of Superintendent/Designee**

\_\_\_\_\_  
**Parent(s)/Legal Guardian(s) Signature**

\_\_\_\_\_  
**Date**

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