



COMPLIANCE OFFICE
PHONE (504) 365-5312 • FAX (504) 365-5362 • complianceapp@jpschools.org
INTER-DISTRICT TRANSFER PERMISSION FORM
2024-2025

_____ **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 waiver 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