

COMPLIANCE OFFICE
PHONE (504) 365-5312 • FAX (504) 365-5362
**INTER-DISTRICT TRANSFER
PERMISSION FORM**

_____ PARISH SCHOOL BOARD
_____ ACADEMIC SCHOOL YEAR

Student Name _____ Date: _____

Students Address _____

As Superintendent (or Superintendent Designee) of the _____ Parish School Board, I hereby
acknowledge your request for the student named above to attend a Jefferson Parish Public School for
the _____ school year, and accept your waiver of the right of the student named above to attend a
school operated by the _____ School Board.

Signature of Superintendent/Designee

Sending District's Phone Number

Parent(s)/Legal Guardian(s) Signature

Student's Signature

Affix sending district's seal or distinguishing stamp:

To Students, Parent(s)/Legal Guardians: Falsifying any information on this
form will result in the denial of the Inter-district transfer request.