



**Office of School Choice**

# Louisiana Scholarship Program Transfer Form

Families seeking to transfer a Scholarship award from one Scholarship school to a different Scholarship school for the 2024-2025 school year should complete this form together with the receiving school they would like their child to attend. In order to request a transfer, students must:

- Have an award issued by the Louisiana Department of Education (LDOE) for the 2024-2025 school year
- Have accepted and registered at a Scholarship school as of May 24, 2024
- 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 receiving school should submit this form to the LDOE by emailing the completed form to [studentscholarships@la.gov](mailto:studentscholarships@la.gov) and will receive a response within 2-5 business days. **Submission of this form does not guarantee transfer approval.**

<b>Student Name:</b>	<b>Student Date of Birth:</b>	<b>Last 4 Digits of SSN:</b>
<b>Parent/Guardian Name:</b>	<b>Parent/Guardian Phone:</b>	<b>Parent/Guardian Email:</b>
<b>2024-2025 Current School Placement:</b>		<b>Grade:</b>
<b>Requested Transfer School Name:</b>		<b>Site Code:</b>
<b>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 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.

School Representative Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Representative Signature: \_\_\_\_\_