

Office of School Choice

# School Choice Program Transfer Form

Families seeking to transfer their educational certificate should complete this form together with the receiving school.

**Submission of this form is not a guarantee that a transfer will be approved.**

- Students must have been awarded an educational certificate for the 2024-2025 school year to qualify for a transfer.
- This form must be signed by the parent/guardian and a representative of the receiving transfer school.
- The receiving school should submit this form to the Office of School Choice at [studentscholarships@la.gov](mailto:studentscholarships@la.gov).

## Student and Parent Information

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

## Reason for Transfer Request

- Location/Transportation Issues
- Health and Safety Concerns *(Please briefly explain in the space below)*
- Other *(Please briefly explain in the space below)*

## Signatures

I understand that transfers are not guaranteed but will be considered on a case-by-case basis. 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 but will be considered on a case-by-case basis. I acknowledge that I have a seat for this student in the grade level listed above and will enroll him/her.

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