

ST. MARTIN PARISH SCHOOL SYSTEM STUDENT TRANSFER APPLICATION

STUDENT'S NAME (print): _____ DATE OF BIRTH: _____ RACE: _____

PHYSICAL ADDRESS: _____

TELEPHONE:

Home: _____

Cell: _____

MAILING ADDRESS: _____

EMAIL: _____ HOME ATTENDANCE ZONE SCHOOL: _____

PARENT/GUARDIAN'S NAME (please print) _____

TYPE OF TRANSFER REQUEST (Check one, complete required information and forward to the administrator listed.)

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| <p><input type="checkbox"/> MAJORITY-TO-MINORITY <i>Deadline: May 1, 2019</i></p> <p>Forward to: Frederick Wiltz P.O. Box 1000 Breaux Bridge, LA 70517</p> | <p>*Please be aware that if, as of MAY 1, 2019, you child's race is not in the <u>MAJORITY</u> at your residentially-zoned school AND in the <u>MINORITY</u> at the requested school, the application will not be approved.</p> <p>Requested school: _____ Grade: _____ 2019-20</p> |
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| <p><input type="checkbox"/> SMPSS EMPLOYEE'S CHILD</p> <p>Forward to: Frederick Wiltz P.O. Box 1000 Breaux Bridge, LA 70517</p> | <p>Requested school: _____ Grade: _____ 2019-20</p> <p>Employee based at: _____</p> |
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| <p><input type="checkbox"/> EXTRAORDINARY CIRCUMSTANCES <i>No deadline</i></p> <p>Forward to: Frederick Wiltz P.O. Box 1000 Breaux Bridge, LA 70517</p> | <p>Requested school: _____ Grade: _____ 2019-20</p> <p>School attended in 2018-19: _____</p> <p>Reason for request to transfer: _____</p> |
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Additional space if needed

THUS DONE AND SIGNED by parties hereto on this the _____ day of _____, in the presence of witnesses set opposite their prospective names.

Witnesses: _____ by: _____ Parent or Guardian

Notary Public

CENTRAL OFFICE USE ONLY

APPROVED: YES NO Administrator's Signature: _____ Date: _____