

# 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.)*

<p><u>      </u> <b>MAJORITY-TO-MINORITY</b>  <i>Deadline: May 1, 2020</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, 2020, 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>* <b>Current M to M students should reapply only if they are moving to a new school.</b></p> <p>Requested school: _____ Grade: _____                  2020-21</p> <p>Transportation requested: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p><u>      </u> <b>SMPSS EMPLOYEE'S CHILD</b></p> <p>Forward to: Frederick Wiltz                  P.O. Box 1000                  Breaux Bridge, LA 70517</p>	<p style="text-align: center;"><b>Please complete prior to the start of the 2020-2021 school year.</b></p> <p>Requested school: _____ Grade: _____                  2020-21</p> <p>Employee based at: _____</p>
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<p><u>      </u> <b>EXTRAORDINARY CIRCUMSTANCES</b>  <i>No deadline</i></p> <p>Forward to: Frederick Wiltz                  P.O. Box 1000                  Breaux Bridge, LA 70517</p>	<p>Requested school: _____ Grade: _____                  2020-21</p> <p>School attended in 2019-20: _____</p> <p>Reason for request to transfer: _____</p>
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Additional Space if Needed

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\_\_\_\_\_

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

<b>CENTRAL OFFICE USE ONLY</b>		
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	Administrator's Signature: _____	Date: _____