



**ST. MARTIN PARISH SCHOOL SYSTEM**  
**SMPSS EMPLOYEE'S CHILD TRANSFER APPLICATION**



STUDENT'S NAME *(print)*: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RACE: *(Check one)*  Black  White  Hispanic  Asian  
 Native American/Alaskan Native  Hawaiian/Pacific Islander  OTHER

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE Home: \_\_\_\_\_ Cell: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_ HOME ATTENDANCE ZONE SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN'S NAME *(please print)* \_\_\_\_\_

<p><b>SMPSS EMPLOYEE'S CHILD</b></p> <p>Forward to: Kevin Bonhomme P.O. Box 1000 Breaux Bridge, LA 70517 or</p> <p>Kevin_bonhomme@saintmartinschools.org</p>	<p align="center"><b>Please complete prior to the start of the 2024-2025 school year.</b></p> <p>Requested school: _____ Grade: _____ Current</p> <p>Employee based at: _____</p>
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Additional Space if Needed

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