COMPLIANCE OFFICE
PHONE (504) 365-5312 · FAX (504) 365-5362 · complianceapp@jpschools.org

INTER-DISTRICT TRANSFER PERMISSION FORM
2025-2026

_____PARISH SCHOOL BOARD

Student Name_____ **Date** _____

Student Address _____

_____

_____

As Superintendent (or Superintendent/Designee) of the _____

Parish School Board. I hereby acknowledge your request for the student named above to attend Jefferson Parish Schools for the_____**school year, and accept your wavier of the right of the student named above to attend a school operated by**

_____**School Board.**

Approved:_____**Denied:** _____

_____ _____

Signature of Superintendent/Designee **Sending District's Phone Number**

_____

Print Name of Superintendent/Designee

_____ _____

Parent(s)/Legal Guardian(s) Signature **Date**