



COMPLIANCE OFFICE  
PHONE (504) 365-5312 • FAX (504) 365-5362 • [complianceapp@jpschools.org](mailto:complianceapp@jpschools.org)  
**INTER-DISTRICT TRANSFER PERMISSION FORM**  
**2026-2027**

\_\_\_\_\_  
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