

# Jackson Parish School Choice/Open Enrollment Transfer Request Form

Students in the Jackson Parish School District must attend the school in the attendance zone where they live unless the receiving school has an available seat, based on a teacher to student ratio, in the students' grade. To request a transfer, parents/guardians must complete the transfer request form.

The Jackson Parish School Board will accept request **May 1, 2019 – July 11, 2019**. All documents must be completed properly and **returned to the Jackson Parish School Board Office at 315 Pershing Highway, Jonesboro, La. 71251.**

The student and/or his/her parent/legal guardian/custodian shall be responsible for transportation to and from the schools within the receiving zone.

**A student granted a transfer remains subject to the rules and regulations of the Louisiana High School Athletic Association.**

Please provide the following information on those students who are requesting transfers:

Name	Grade	Sending School	Receiving School	Reason for Transfer

### Certificate of Accuracy

I, (full name) \_\_\_\_\_, am (check one) the mother, \_\_\_ father \_\_\_, legal guardian \_\_\_, foster care parent \_\_\_\_\_, or other \_\_\_\_\_ of the above-named student (s), and do hereby certify under oath that (1) the residence and domicile of myself and the above named student(s) are currently within the limits of Jackson Parish, La. at the 911 physical address noted below; (2) the above-named student(s) spend(s) weekdays and week nights and at least the majority of nights each month at the 911 address noted above, and (3) the information stated in this form and the supporting documentation is true. I consent and agree that the Jackson Parish School District will have the right to verify the information provided above. I fully understand that the execution of a false certificate will result in the immediate removal of the above named student(s) from school. I further agree that, if there is a change in my residence, the residence of the above named student(s), or the circumstances for this transfer request, I will notify the Jackson Parish School Board, 315 Pershing Highway, Jonesboro, La., (318) 259-4456, within fifteen days of the date of such change.

911 address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone number: \_\_\_\_\_

Work/Other Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: Parent/Guardian/Foster Parent/Other

Date

PLEASE DO NOT WRITE BELOW THIS LINE

\_\_\_\_\_ Request Approved

\_\_\_\_\_ Request Denied

Signature of School District Official

Date

2019-2020 School Year

*Am*