VERMILION PARISH SCHOOL BOARD
TRANSFER REQUEST FORM

(2020-2021)

The attendance zone policy requires students to attend school in their prescribed zone. Exceptions will only be made for extreme cases; this exception is permitted for one school year. **The transfer request must be renewed every school year.** If approved, transportation becomes the responsibility of the parent or guardian. Permission can be revoked in the event of overcrowding, discipline issues or serious truancy/attendance issues. **The form must be signed by the Principal of the school in which you are requesting to transfer to before it can be processed. It will not be processed without the signature of the administrator.** *The deadline for turning in a transfer request form for the 2020-2021 school year is* ***June 26, 2020****.*

Student/Parent/School Information

PRINT PLEASE

Name of Student	Grade for 2020-2021	Date of Birth	Sex	Race

Name of Parent/Guardian	Parent/Guardian Physical Address	Telephone Number

Transfer From:

_____

School Assigned for 2020-2021
(Where your child should attend school according to zone lines)

Transfer To:

_____

School Requesting for 2020-2021
(Where you are requesting your child be transferred to)

Transfer Request Reason

Please check the reason for this transfer request. If you have any supporting documentation regarding this request, please attach a copy with this form.

_____Extreme case involving medical/psychological problems (Please enclose a letter from the **doctor** on letterhead and attach to this form.)

_____Special Circumstances - (Please provided detailed written explanation and attach.)

_____ Grey Zone

_____VPSB employee (School or Department) _____

Parent and/or Guardian Signature	Date	Principal's Signature of School Requested	Date

Submitting the Transfer Request

All information shall be completed, signed with appropriate documentation prior to sending the completed packet to:

Alonzo Lewis, Interim Supervisor
Child Welfare and Attendance
Vermilion Parish School Board
Post Office Drawer 520
Abbeville, La 70510

Transfer Request Decision

(**This section is for office use only**)

Approved _____ Disapproved _____ Date _____

_____ _____

Child Welfare & Attendance Supervisor Superintendent