JAMES MEZA, JR. Ed. D.
SUPERINTENDENT

COMPLIANCE OFFICE
JEFFERSON PARISH PUBLIC SCHOOL SYSTEM
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Gretchen A. Williams
District Employee Hearing
& Compliance Officer

EXTRAORDINARY CIRCUMSTANCE TRANSFER REQUEST for 2013-2014

Name of Student _____ **Grade Entering** _____
First **Middle** **Last**

Parent/Legal Guardian _____ **Phone: (Home)** _____ **(Cell)** _____

Address_____
(NUMBER AND STREET) **(APARTMENT NUMBER)** **(CITY)** **(ZIP)**

The information requested below is required to provide demographics of student enrollment to the Compliance Office.

Date of Birth _____ **Placement** _____ Regular Education _____ Special Education **Exceptionality:** _____

Gender _____ Male _____ Female **Race** _____ Asian _____ Black _____ Hispanic
_____ Native American _____ White Other: _____

All transfer requests must be signed and may be sent to the Compliance Office via: fax, hand delivery or U.S. Mail. You will be notified of the status of your transfer request via email or U.S. Mail. Please provide your email address below:

_____
e-mail address

Note: Students with an approved Inter-District Transfer may remain at their current school until the terminal, or last grade of the school, but must submit an Inter-District Transfer Form and the Transfer Permission form on a yearly basis.

_____ _____ _____
Name of Parish Currently Residing **Current JPPSS Attendance Zone School** **Name of Requested School**

Criteria for Extraordinary Circumstance Transfer

1. An extraordinary circumstance transfer request may be granted at any time during a school year upon written application of the student's parent(s)/legal guardian(s) where the reason for the transfer is described to plaintiffs prior to the effective date of the transfer and the transfer request is thereafter jointly approved by the School System and plaintiffs through their respective legal counsel. In the event that an extraordinary circumstance transfer is not approved, the parent(s)/legal guardian(s) may appeal to the Transfer Committee **by checking the appeal's line below.** * The decision of the Transfer Committee shall be final.
2. Each extraordinary circumstance transfer request must be accompanied by supporting documentation provided by a non-related person such as a treating physician, social worker, or other person unrelated to the person submitting the request and the student on whose behalf the request is made.
3. An extraordinary circumstance transfer shall be approved to permit a sibling to enroll in the school of enrollment of a student receiving severe handicap services when such services are not available at the severely handicapped student's attendance zone school.
4. With the exception of compelling medical considerations, no extraordinary circumstance transfer shall be approved for attendance at a particular school where enrollment in the school or a grade level therein would result in overcrowding or where enrollment would result in a desegregated school becoming racially identifiable.
5. **An extraordinary circumstance transfer is only valid for the school year in which it is approved. Students seeking an extraordinary circumstance transfer in any subsequent school year must reapply.**
6. Transportation to and from a receiving school shall be the responsibility of the transferring student or his/her parent(s)/legal guardian(s).
7. **No extraordinary circumstance transfer shall be approved where the reason in support of the transfer is exclusively based upon pre and/or post-school child care considerations.**

Documentation:

___ On a separate attachment, please write all reasons in support of the transfer request.

___ Attach supporting documentation by non-related person: treating physician, social worker, etc.

This transfer is subject to review and may be rescinded by the Compliance Office for the following reasons:

- Falsification of information on the Transfer Request Form, the writing explaining the reason for the requested transfer, or the accompanying supporting documentation.
- A change in circumstances on which the transfer was granted.

*_____ **In the event that this transfer request is denied, I would like to appeal such decision.***

I understand that in the event this transfer request is approved, my child's eligibility to participate in sports may be affected under LHSAA rules. For more information on this matter, please call the JPPSS's Athletics, Health and Physical Education Department at 349-8645.

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

Approved: _____ **Denied:** _____

_____
Compliance Officer **Date**

Rev. 04/13/gw