

WASHINGTON PARISH SCHOOL SYSTEM

P.O. Box 587
FRANKLINTON, LOUISIANA 70438
(985) 839-3436 • FAX: (985) 839-5464

March 1, 2025

Dear Parent/Guardian:

The Washington Parish School Board operates under an existing Federal Court Order that outlines school attendance zones that balance the student population of each school. This court order allows some flexibility under certain conditions for parents to request exceptions to this order on a **yearly basis**. For a student to attend a school outside his established attendance zone, **a request must be made each year** for cause (medical, athletic, academic, hardship, or administrative). Applications for a medical transfer must be accompanied by a Physical Examination form from two (2) physicians who do not practice in the same office. If making an application for hardship transfer, Request for Transfer on the Basis of Hardship forms must be completed and signed by each employer if both parents are employed.


The request and application must be made on application forms that are approved by the Washington Parish School Board. Please find the necessary forms attached to this letter. The application and documentation must be on file in the School Board Office or with the principal of the school that you wish to transfer to, **between March 1 and April 11, 2025**. **Parents/Guardians will be notified only if the transfer request is denied.** For transfer requests to be approved, requests must be for just causes and properly documented. **Washington Parish School Board will not furnish transportation to any child attending school out of his/her home district.**

Pre-kindergarten seats are limited. Available pre-kindergarten seats will be filled by students who live within the school attendance boundaries first. Any transfers within the district will then be considered.

All applications must be **filled out completely and signed by the principal** of the school that you wish to transfer to before forwarding it to the School Board Office.

If you have any questions as to the proper procedure, please contact the school in your attendance zone or the Supervisor of Child Welfare and Attendance at the Washington Parish School Board Office.

Sincerely,


Jennifer Thomas
Superintendent

Procedures/Checklist for Request to Transfer

- Numbers 1-4:** Fill out the demographic Information about the student
- Number 5:** Check the student's current home school district and the requested school district
- Number 6:** Check the appropriate reason for transfer request: (If you need more room to explain that is provided, you may write on the back or add additional pages,
 - Academic - Explain
 - Illness -
 - Answer Both questions
 - Have your child's doctor complete the Physical Examination for Transfers form. (attached)
 - Hardship -
 - State specifically the nature of the hardship
 - Answer questions i-ix
 - Have your employer complete the Request for Transfer on the Basis of Hardship form. (attached)
 - Administrative - (to be completed by administration)
 - Athletics - Answer question
 - Change of Residence - Answer questions i-iv.
- Once you have completed, 1-6, you will need to schedule a time with the requested school's principal to meet with them and for them to sign that you have met. You can leave the application with the school and they will get it to the Supervisor of Child Welfare. The signature of the principal does not mean the request is approved. You will receive a letter from the Supervisor of Child Welfare to inform you if the application is approved or denied.

**Washington Parish School System
Request to Transfer**

Principal's Signature of Receiving School

Date

Approved: _____	Rejected: _____	Date _____	_____ Supervisor of Child Welfare & Attendance
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1. Name of Student: _____ Grade: _____ Age: _____

2. Present Address: _____
Street Address

City State Zip

3. Parents Name: _____

4. If not living with parents, list the name of court appointed guardian: _____

5. Home School District: Please ✓

__EES __FPS __FES __FJHS __FHS __MHS __TES __PHS __WRE __VHS
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Requested School District: Please ✓

__EES __FPS __FES __FJHS __FHS __MHS __TES __PHS __WRE __VHS
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6. Check appropriate reason for transfer request: You may write on the back or add paper, if needed.

a. Academic _____
i. Explain _____

b. Illness _____
i. State Specifically the nature of the illness:

ii. Explain how changing schools is going to alleviate or improve the child's condition.

c. Hardship _____
i. State specifically the nature to the hardship:

- ii. Father's place of employment _____
- iii. Phone number _____
- iv. Work schedule _____ A.M. _____ P.M. _____
- v. Mother's place of employment _____
- vi. Phone number _____
- vii. Work schedule _____ A.M. _____ P.M. _____
- viii. Person responsible for getting student(s) to school each morning _____
- ix. Person responsible for receiving student(s) each afternoon _____

d. Administrative

- i. Specific reason administrative transfer is requested _____

e. Athletics

- i. Will student participate in athletics? Yes No If yes, circle the appropriate sport: Basketball, Football, Baseball, Softball, Track, Other _____

f. Change of Residence _____

- i. Old Address _____
- ii. New Address _____
- iii. Currently residing at new address? Yes No
- iv. Do you own your home? Yes No If yes, please attach a copy of your deed to this application. If no, attach one monthly payment receipt.
- v. Reside at rental property? Yes No If yes, please submit the name of the rental property owner, address, phone number, and a notarized statement verifying that you are residing in a rented location.
- vi. Attach a copy of the most recent light and phone bills. This is required for homeowners and renters.

I certify that the above information is accurate and correct. To be valid, all questions must be answered when applicable. The school board reserves the right to check out all items listed to verify validity.

Parent Signature _____ Date _____

Request for Transfer on the Basis of Hardship

Dear Employer:

Parents requesting transfer for their children on the basis of hardship are required to have their employer fill out the following forms.

The School Board would appreciate you taking the time to fill out the form to verify employment.

1. Name of Employer _____

2. Address _____

3. Phone Number _____ Employee's Social Security # _____

4. Employee's Name _____ Position _____

5. Work Schedule

a. Regular Shift Yes No

b. Work Schedule – clock hours Yes No

c. Number of days per week that employee works. _____

d. If employee works less than five days per week, please list the days the employee is required to work. _____

This certifies that _____ is employed by our firm and the above information is correct. (employee's name)

Employer Signature _____ Title _____

Date _____

Washington Parish School System
Physical Examination Form for Transfers

Student Name _____ Grade _____ Age _____

Gender _____ M _____ F _____ Height _____ Weight _____

Physical Fitness

1. Eyes: Visual Acuity _____ R _____ L _____ Glasses Yes No
 2. Ears: Right _____ Left _____
 3. Heart _____ Lungs _____
 4. Blood Pressure _____ Urinalysis _____
 5. Evidence of hypertension, epilepsy, diabetes, sinus problems, allergy, extreme or fluctuations in blood pressure or ailments which might cause temporary loss of consciousness. _____

 6. Existing communicable disease(s) _____
 7. Abnormal conditions of the spine _____
 8. In your professional opinion, will changing schools alleviate or improve any of the above conditions? Yes No If yes, explain in detail. _____

 9. Any physical conditions that would be affected by riding a bus? Yes No If yes, explain in detail _____
 10. If a problem exists, state the length of a reasonable bus ride for the student. _____
 11. State specifically if this is a permanent existing condition or if a reasonable cure is expected.

- Time limit _____
12. How long has this patient been under your care for this condition? _____
 13. Is this patient presently taking medication for this condition? Yes No

(continued)

The Washington Parish School Board reserves the right to get an opinion from a physician of their choice to verify conditions stated in the application for a transfer request and the Physical Examination Form for Transfers.

In order to be valid, all questions must be answered when applicable.

Examining Physician's Signature _____

Date _____ Phone Number _____