

FRANCES VARNADO  
Superintendent

JOHN WYBLE  
President

**WASHINGTON PARISH SCHOOL SYSTEM**  
P.O. BOX 587  
FRANKLINTON, LOUISIANA 70438  
985.839.3436 FAX # 985.839.5464

March 1, 2023

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 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 submitted to the School Board Office or with the principal of the school that you wish to transfer to, between March 1 and April 6, 2023. **Parents/Guardians will be notified only if the transfer request is denied.** For transfer requests to be approved, request 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,

Frances Varnado  
Superintendent

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District 1 – Keith Giles

District 2 – John Wyble

District 3 – Rev. Bruce L. Brown, Sr.

District 4 – Kendall McKenzie

District 5 – Robert Boone

District 6 – Scott Breland

District 7 – David Pettit

District 8 – Frankie Crosby

District 9 – Lesley McKinley

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Washington Parish School System  
**Request for Transfer**

\_\_\_\_\_  
Principal's Signature of Receiving School

\_\_\_\_\_  
Date

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Supervisor of Child Welfare & Attendance

1. Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

2. Present Address \_\_\_\_\_

3. Name of Parents \_\_\_\_\_  
Street City State ZIP

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

\_\_\_\_\_

5. Home school zone \_\_\_\_\_ School zone that the student requests to attend \_\_\_\_\_

6. Check appropriate reason for transfer request.

a. Academic \_\_\_\_\_

i. Explain Fully \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_