



ST. JAMES PARISH SCHOOLS

Inspiring Hope and Purpose

Application Status
New _____
Renewal _____

FOR OFFICE USE ONLY
/
Date/Day Application Received

Time Signature

Majority to Minority Transfer Request Application

_____ Child's Name _____ Age _____ Date of Birth _____ Month _____ Day _____ and Year

Race/Gender: _____/_____ Grade Level in which Child Is to Enroll: _____

Effective Period in which Transfer Is to Occur: _____
Beginning of School Year

School to which Child Was Originally Assigned: _____
(School in district where you live)

School to which Transfer Is Requested: _____

_____ Parent's or Legal Guardian's Name (Please print or type) _____ Date

_____ Signature

_____ Mailing Address/P. O. Box Number _____ Telephone Number

_____ Physical Address/Street Number & Name

_____ City _____ State _____ Zip Code