

20 - 20
SCHOOL YEAR

RECEIVING DISTRICT (TRANSFER TO)

COUNTY NAME

DISTRICT NAME

SENDING/RESIDENT DISTRICT (TRANSFER FROM)

COUNTY NAME

DISTRICT NAME

STUDENT INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

BIRTH DATE (MM/DD/YYYY)

GRADE LEVEL IN TRANSFER YEAR

10-DIGIT STATE ID STATE TESTING NUMBER (STN) OBTAINED FROM YOUR CHILD'S SCHOOL AND STARTS WITH 1-0-0.

Check here if first time entering a public school in Oklahoma

Individualized Education Program (IEP) Yes No

DATE OF IEP MEETING

Receiving District: If above answer is "yes," a representative from both districts must be present for an IEP meeting to discuss the student's IEP needs. Applicable records must be submitted from the student's last school to the receiving district and shall be maintained by both districts in accordance with federal and state laws.

Sending District: A request for education records of a student who was enrolled in the district shall be fulfilled within three business days of the request. The records should include the student's disciplinary records and attendance information.

Please Note: An "IEP Service Agreement" does not constitute a transfer under the Education Open Transfer Act and should not be formalized by using this form.

PARENT/LEGAL GUARDIAN MUST COMPLETE AND SIGN

FIRST AND LAST NAME _____ EMAIL _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ ALTERNATIVE PHONE _____

1. Is the parent/legal guardian requesting this open transfer a TEACHER* employed by this receiving district? Yes No

*A teacher is any person who is employed to serve as a district superintendent, principal, supervisor, counselor, librarian, school nurse, classroom teacher, or a school employee in any other instructional supervisory/administrative capacity.

2. Is the parent/legal guardian requesting this open transfer a member of the active uniformed military services of the United States and on full time active-duty status or active-duty orders? Yes No (If yes, provide active-duty documentation.)

3. Is the student currently in foster care? Yes No (If yes, provide foster care documentation.)

4. Is the student currently home schooled? Yes No

Pursuant to the provisions of the statutes of the State of Oklahoma, and the rules and regulations of the State Board of Education, this application is hereby made to permit the child listed on this form to transfer from their resident Sending District to the Receiving District as indicated on this form. The parent/guardian applicant verifies by their signature (below) that they are the custodial parent or legal guardian of the child listed above and hereby acknowledges that if this transfer is approved, the parent/guardian shall be bound by the Compulsory School Attendance Laws of Oklahoma rules and all regulations of the Receiving District named on this transfer application. Further, as the parent or guardian of the minor student named above, I acknowledge, agree, understand that pursuant to the Oklahoma Education Open Transfer Act 70 O.S. § 8-101.2 the Receiving District may deny the request for transfer based on a lack of capacity, an incident of student discipline as outlined in 70 O.S. § 24-101.3; and/or as a result of the student have a history of absences, which is defined as ten or more unexcused absences in one semester. 70 O.S. § 8-101(A-B). As such, I hereby authorize the Receiving District to access the education records of the student this transfer application is submitted on behalf of; provided, however, the authorization to access the education records is limited to those reasonably related and necessary to student discipline and attendance data.

SIGNATURE OF THE PARENT/GUARDIAN _____ DATE _____

DISTRICT USE ONLY

District has three business days to upload this transfer request into the transfer system. If there is documentation from question 2 or 3 above, please retain this information to upload into the transfer system.

Received by _____ District _____ at _____ on _____
DISTRICT EMPLOYEE RECEIVING NAME OF DISTRICT TIME DATE

ATTACHMENT A
Application Form

Completion of this form is required of each applicant for a transfer in order to apply the criteria of this policy. Failure to fully and truthfully complete and timely submit this form to the district will result in a denial of the transfer. Completion of this form will be in addition to completion of any form required by the State Board of Education.

1. Full name of student as it appears on the student's birth certificate:

2. Date of student's birth:

3. Current address of student:

4. Full names of parent(s), guardian(s), or custodian(s) of the student

5. Educational history of the student:
 - A. School district in which student currently resides:

 - B. School in which the student is currently enrolled, if different from above.

 - C. If the student has not exclusively attended the school district in which the student is currently enrolled, list the name of each school district and addresses, if known, in which student has ever been enrolled:

School:
Dates of Attendance:
Grade Completed Upon Leaving District:

School:
Dates of Attendance:
Grade Completed Upon Leaving District:

School:
Dates of Attendance:
Grade Completed Upon Leaving District:

6. Current or last completed grade of student:

7. Grade in which the student desires to enroll:

8. Courses in which the student desires to enroll in each semester in the coming school year:

ATTACHMENT B
Transfer Student Consent to Cancellation of Transfer

The undersigned, who is **not** a resident of this district, recognizes:

1. That the undersigned non-resident student has a right by law to attend the school district of residence;
2. That the non-resident student desiring to enroll in this district has **no** statutory right to attend this district;
3. That the district is not required to accept this transfer application; and,
4. That the district does not desire to accept a transfer of a student who will detract from the educational process of resident students or take the place of another transfer applicant who would not detract from that process.

The undersigned hereby agrees that if the district approves a transfer allowing the undersigned student to enroll in this district, the administration of the district has the irrevocable consent of the undersigned to cancel the student's transfer at any time. Reasons for cancellation include, but are not limited to, the following:

1. The student fails to comply with student behavior rules set by the district, school, or teacher;
2. The parent(s), or student 18 years of age or older, fails to promptly pay financial obligations owed to the district, including payments owed, but not limited to, school lunches and for lost or destroyed district property;
3. The student does not have a valid excuse for failure to attend school;
4. The superintendent or board determine that due to a financial shortfall occurring at any time or over-enrollment causing crowded classrooms or programs that it is necessary to cancel any transfer for the best interests of the students who reside in the district; or
5. The best interest of the district.

The undersigned also is informed that this consent to cancellation and waiver of rights to contest cancellation of the transfer is a condition to the granting of the transfer and for continued enrollment after transfer acceptance, and thus the consent may not be withdrawn at any time in the future.

The undersigned also understands that although the administration will notify the parent(s), or student 18 years of age or older, of any cancellation, the undersigned understands and agrees that the determination of the administration that a cancellation is to be effected will be final, that the undersigned will have **no** right to appeal that determination to the board of education, and that after cancellation, the administration will send the educational records of the student to the student's resident school district or to such other school district as the undersigned directs.

By signing this agreement, I affirm that I have read and understand the above conditions concerning acceptance of the transfer application and my consent to district authority to cancel the transfer, if granted, for the reasons stated above.

EXECUTED this day of , 20 .

Signature of Parent or Adult Student

Printed Name