

**PARENT'S APPLICATION FOR TRANSFER OF STUDENTS**

Regular  Emergency  Cancellation

COUNTY OF RECEIVING SCHOOL DISTRICT: \_\_\_\_\_

Date of Application \_\_\_\_\_

For the School Year \_\_\_\_ - \_\_\_\_

SENDING SCHOOL DISTRICT

RECEIVING SCHOOL DISTRICT

County \_\_\_\_\_

County \_\_\_\_\_

District Number \_\_\_\_\_ Approved

District Number \_\_\_\_\_ Approved

District Name \_\_\_\_\_ Denied

District Name \_\_\_\_\_ Denied

\_\_\_\_\_  
Date Signature of School Superintendent

\_\_\_\_\_  
Date Signature of School Superintendent

In pursuance to the provisions of the Statutes of the State of Oklahoma and the rules and regulations of the State Board of Education, application is hereby made to permit the following named child/children to transfer from the sending district to the receiving district as indicated above:

FULL NAME (Please Print)	BIRTH DATE	AGE	GRADE

Reason(s) for transfer: \_\_\_\_\_

If transfer is for special education, a test evaluation (not over 3 years old) must be submitted with transfer application.

Has any child in this family been transferred to this district before? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

This applicant verifies that he/she is the parent or guardian of the child/children above named. This applicant hereby acknowledges that he/she and the child/children, if transferred, shall be bound by the rules and regulations of the receiving district and the compulsory school attendance laws of Oklahoma.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Residence Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Approved   
Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent of Receiving School District

RETURN TO SUPERINTENDENT OF RECEIVING SCHOOL DISTRICT