## **Student Transfer Application Form**



## PARENT/LEGAL GUARDIAN MUST COMPLETE AND SIGN

FIRST AND LAST NAME	EMAIL
STREET ADDRESS	
CITY	ZIP CODE
HOME PHONE	ALTERNATIVE PHONE
<ol> <li>Is the parent/legal guardian requesting this ope receiving district? Yes No</li> <li>*A teacher is any person who is employed to serve as a dislibrarian, school nurse, classroom teacher, or a school empadministrative capacity.</li> </ol>	trict superintendent, principal, supervisor, counselor,
<ul> <li>2. Is the parent/legal guardian requesting this ope military services of the United States and on full Yes No (If yes, provide active-duty doc</li> <li>3. Is the student currently in foster care? Yes</li> </ul>	time active-duty status or active-duty orders?
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  DISTRICT USE ONLY District has three business days to upload this transfer r documentation from question 2 or 3 above, please retain Received by  DISTRICT EMPLOYEE RECEIVING	n this information to upload into the transfer system.

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-20

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RECEIVING DISTRICT (TRANSFER TO)	SCHOOL YEAR
COUNTY NAME	
DISTRICT NAME	
SENDING/RESIDENT DISTRICT (TRANSFER	R FROM)
COUNTY NAME	
DISTRICT NAME	
STUDENT INFORMATION	70
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 sch	ool in Oklahoma
Individualized Education Program (IEP)	es No DATE OF IEP MEETING
Passiving District: If above anower is "yes" a represe	ontative from both districts must be present for an IED

**Receiving District:** If above answer is "yes," a representative from both districts must be present for an IEP conference 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.