



# Parent/Guardian's Application for a Student Transfer due to Emergency Beginning School Year 2\_\_\_\_ - 2\_\_\_\_

**Instructions:** The parent must complete and begin application with the superintendent of the Receiving District. "On an adequate showing of emergency, the superintendent of the receiving school district may make and order a transfer, subject to approval by the State Board of Education." [70 § 8-104]. The Receiving District must submit this application to the State Department of Education (SDE) via the Wave online student transfer system. Superintendent of the resident district must also sign the paper application. Keep a paper copy on file.

## RECEIVING SCHOOL DISTRICT (request transfer to)

County Number \_\_\_\_ District Number \_\_\_\_ - \_\_\_\_

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

County Name \_\_\_\_\_

SIGNED \_\_\_\_\_

APPROVE ☐ DENY ☐ CANCEL ☐

## SENDING SCHOOL DISTRICT (transfer from)

County Number \_\_\_\_ District Number \_\_\_\_ - \_\_\_\_

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

County Name \_\_\_\_\_

An approved emergency transfer may be canceled with the concurrence of the board of the Receiving District and the parent.  
**No student shall be allowed more than one transfer in a school year.**

\*Check (✓) Individualized Education Program (IEP) column if applicable. If this transfer is for a student with a disability being served through an IEP, the IEP and necessary records must be submitted to the Receiving District. Both districts shall maintain such records in accordance with confidentiality regulations, state laws, and federal laws. **Student Information:** Print legibly or type information. Enter the Grade level for the school year this child will attend if transferred. Enter "EC" for Early Childhood programs Pre-K or Head Start.

(PRINT) First Name	Middle Name	Last Name	Birth Date	Grade	*IEP	RFT No.	District Use

**Reason For Transfer (RFT) Code Numbers:** The Receiving District must select the applicable RFT code and enter it in the column above.

- 01 - Destruction or partial destruction of a school building;
- 02 - Inability to offer the subject a pupil desires to pursue if the pupil becomes a legal resident of a school district after February 1 of the school year immediately prior to the school year for which the pupil is seeking the transfer;
- 03 - Catastrophic medical problem of a student which for purposes of this section shall mean an acute or chronic serious illness, disease, disorder or injury which has a permanently detrimental effect on the body's system or renders the risk unusually hazardous;
- 04 - Total failure of transportation facilities; (school-provided transportation/bus service)
- 05** - Concurrence of both the Sending and Receiving Districts. SDE requires the Sending District Superintendent to sign the application.

For RFT 05 \_\_\_\_ Approve / Deny \_\_\_\_ \*Sending District Superintendent's SIGNATURE \_\_\_\_\_

- 06 - Unavailability of a specialized deaf education program for a student who is deaf or hearing impaired;
- 07 - Unavailability of remote or on-site internet-based instruction (by course title) for a student identified as in need of drop-out recovery or alternative education services, provided such student was enrolled at any time in a public school in this state during the previous three (3) years in the district of residence 70 O.S. § 8-104.
- 08 - When a student has been the victim of harassment, intimidation and bullying as defined in Title 70 O.S. § 24-100.3, upon verification by the Receiving District that the student has been the victim of harassment, intimidation or bullying, and that the Sending District was notified of the incident(s) prior to the filing of the application for transfer.

## Parent/Guardian

- Are you (parent/guardian) requesting to CANCEL a previously approved emergency transfer? ☐ Yes / No ☐
- The applicant signed below verifies that he/she is the parent or guardian of the student(s) named above. This applicant acknowledges that if transferred, the student(s) and parent/guardian shall be bound by the Receiving District's rules and regulations and by the State of Oklahoma compulsory school attendance laws. OPTIONAL: PARENTS MAY INCLUDE A LETTER WITH WHY THIS TRANSFER IS REQUESTED.

(PRINT) Name of Parent/Guardian Applicant

(SIGNATURE) Parent/Guardian

Date

Residence Street Address

City

Zip Code

Home Phone

Second Contact Phone

**STUDENT CONSENT TO CANCELLATION OF TRANSFER**  
**Wagoner Public Schools**

The undersigned, who is NOT a resident of this District, recognizes:

1. That the undersigned student has a right by law to attend the school district of residence;
2. That the nonresident student desiring to enroll in this District has no statutory right to attend this District;
3. That this District is not required to accept this transfer application; and
4. That this 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 this District approves a transfer allowing the undersigned student to enroll in this District, the administration of this District has the consent of the undersigned to cancel the transfer during the approved enrollment school year if:

1. The student fails to comply with student behavior rules set forth by this District, school, or teacher;
2. The parent, or student 18 years of age or older, fails to pay financial obligations owed to this District, including payments owed, but not limited to, school lunches and for lost or destroyed District property; or
3. The student does not have a valid excuse for failure to attend school.

The undersigned also is informed that this consent to cancellation is a necessary component 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 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.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date