



Parent's Application for a Student Open Transfer for School Year 2020/2021

Instructions:

- No later than May 31st of the school year preceding the year the transfer is desired, parent/guardian may file an Open Transfer application to the Receiving District.
- No later than May 31st of the same year, the Receiving District must notify the resident district that a transfer application has been filed, and notification is via the Receiving District entering applications in the Wave online no later than May 31.
- No later than July 15th the Receiving District's board of education shall approve or deny Open Transfer applications, verified by entering the decision in the Wave online, and must notify the parent/guardian of their transfer decision.
- No later than August 1st a parent/guardian who was notified of an approved Open transfer shall provide written notice to the Receiving District that their child/student will be enrolling in the receiving district. [70 O.S. § 8-103] [OAC 210:10-1-18 (d) (4)]

Receiving District (transfer to)

County Name _____

District Name _____

School Site Requested _____

Sending/Resident District (transfer from)

County Name _____

District Name _____

School Site _____

Check here if child is currently Home Schooled. ☐

Student Information

First _____ Middle _____ Last _____ Birth Date _____

Grade Level in Transfer Year _____ IEP* (Yes/No) _____ Date for IEP Meeting _____

*Receiving District: If above answer is "yes" that child is currently on an Individual Education Program (IEP) 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. 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 (optional) _____

Street Address _____ City _____ Zip Code _____

Home Phone (Area Code) _____ Alternate Phone (Area Code) _____

1. Does the child names on this Parent application for Transfer have a multiple-birth sibling (twin, triplet, etc) already attending this same receiving district on an Open transfer previously approved? ☐ Yes / No ☐

If "Yes" enter Sibling(s) Name(s): _____

2. Is this parent/legal guardian who is requesting this open transfer a TEACHER employed by this Receiving District (700.S. 1-113)? ☐ Yes / No ☐

3. Is this parent/legal guardian requesting this open transfer specifically to a receiving district that provides a SPECIALIZED DEAF EDUCATION PROGRAM? ☐ Yes / No ☐

4. Is this 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 ☐

An Open Transfer may occur outside of statutory time frame with documentation provided when above questions 1, 2 or 3 are "Yes."

Pursuant 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 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 he/she is the custodial parent or legal guardian of the child/children listed above and hereby acknowledges that if this transfer application 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.

SIGNATURE of the Parent/Guardian _____ Date _____

Received by district on _____ The Receiving District decision must be no later than July 15.

Receiving District Superintendent's Use Only

Approve ☐ Deny ☐ Cancel ☐ Signature _____ 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: _____

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 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:

9. Has the student a disciplinary record for violating school regulations?

Yes _____ No _____

If Yes, state school(s) in which each violation occurred and approximate date(s) of violation(s):

10. Has the student ever been suspended from school or placed in an alternative education program or setting for disciplinary reasons?

Yes _____ No _____

If Yes: For each suspension and alternative program or setting, state the school which suspended or placed the student; the nature of the offense; and approximate date of the suspension or placement, if different from the above:

11. Has the student been adjudicated as a delinquent for either a violent or nonviolent offense under relevant Oklahoma law?

Yes _____ No _____

If Yes: State the name of the court making the adjudication; the time of such adjudication; the nature of offense; whether the student is still under any court supervision; and, if so, the name of the person overseeing such supervision:

12. Has the student been convicted as an adult for either a violent or nonviolent offense as defined in relevant Oklahoma law ?

Yes _____ No _____

If Yes: State the name of the court in which the conviction was entered; the time of the conviction; the nature of the offense; the sentence imposed; whether the student is still under any court supervision; and, if so, the name of the parole officer or other supervisor:

13. Has the student committed on school property, in school transportation, or at a school event, a violent act or an act showing deliberate or reckless disregard for the health or safety of faculty or others?

Yes _____ No _____

If Yes: State the school district attended when the act occurred; the approximate date of the act; and describe what occurred:

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14. Has the student possessed on school property, in school transportation, or at a school event, an alcoholic beverage; low-point beer, as defined by relevant Oklahoma law; or been involved with missing or stolen property found to have been taken from a student, school employee, or the school during school activities?

Yes _____ No _____

If Yes: State, for each separate act, the school district attended when the act occurred; the approximate date of the act; and describe what occurred:

15. Has the student possessed on school property, while in school transportation, or at a school event, a dangerous weapon or a controlled dangerous substance, as defined by relevant Oklahoma law, or a prescription or non-prescription mood altering substance?

Yes _____ No _____

If Yes: State, for each separate act, the school district attended when the act occurred; the approximate date of the act; and describe what occurred:

16. Has the student ever been removed from any school for making an electronic communication with the intent to terrify, intimidate, harass, or threaten injury or harm to faculty or other students?

Yes _____ No _____

If Yes: State, for each separate act, the school district attended when the act occurred; the approximate date of the act; and describe what occurred:

17. If the student has been identified as a child with a disability, this district will need to review all such records to make a reasonable determination of whether the district has the facilities, programs, staff, and space to implement the student's current or anticipated Individualized Education Program (IEP) or Section 504 Accommodation Plan, and, if preliminary approval of a transfer is made, to conduct the statutorily-required joint IEP or Section 504 conference with the resident school district. Is the student currently, or has the student been, a child with a disability who received an IEP or Section 504 Accommodation Plan?

Yes _____ No _____

If Yes: Brief describe the nature of the disability; the approximate time period in which the student has been, or was, under an IEP or Section 504 Accommodation Plan; and the names of the school districts which implemented the student's plan:

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18. Do you agree to complete the Consent For Release Of Confidential Information, allowing this district to review all educational records of the student from all previous schools attended by the student?

Yes _____ No _____

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 _____, 2_____.

Signature of Parent or Adult Student

Printed Name