



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

1. Are you (parent/guardian) requesting to **CANCEL** a previously approved emergency transfer? Yes/No
2. 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

ATTACHMENT "A"
ANDERSON PUBLIC SCHOOL
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.

STUDENT'S FULL, LEGAL NAME _____ DATE OF BIRTH _____
First Middle Last Month-Day-Year

STUDENT'S CURRENT ADDRESS _____ CITY _____ STATE/ZIP _____

FULL NAME OF PARENT, GUARDIAN OR PERSON HAVING LEGAL CUSTODY _____
First Middle Last

ADDRESS _____ CITY _____ STATE/ZIP _____ HOME PHONE _____
Route or Street Address-No P.O. Box

SCHOOL DISTRICT IN WHICH STUDENT CURRENTLY RESIDES _____
District Name District Number County

LIST THE LAST FIVE (5) SCHOOLS THAT THE STUDENT HAS ATTENDED, BEGINNING WITH THE SCHOOL IN WHICH THE STUDENT IS CURRENTLY ENROLLED OR THE LAST SCHOOL ATTENDED:

SCHOOL NAME	SCHOOL ADDRESS	DISTRICT NAME	DATES ATTENDED	LAST GRADE COMPLETED

CURRENT OR LAST GRADE COMPLETED BY STUDENT _____ GRADE IN WHICH STUDENT DESIRES TO ENROLL _____

LIST THE COURSES IN WHICH THE STUDENT DESIRES TO ENROLL IN EACH SEMESTER IN THE COMING SCHOOL YEAR:

<p>1. _____</p> <p>FIRST 2. _____</p> <p>3. _____</p> <p>SEMESTER 4. _____</p> <p>5. _____</p> <p>COURSES 6. _____</p>	<p>1. _____</p> <p>SECOND 2. _____</p> <p>3. _____</p> <p>SEMESTER 4. _____</p> <p>5. _____</p> <p>COURSES 6. _____</p>
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ATTACHMENT "B"
ANDERSON PUBLIC SCHOOL
APPLICATION FORM

EACH OF THE FOLLOWING QUESTIONS MUST BE ANSWERED. FOR ANY "YES" ANSWERS, YOU MUST ATTACH A FULL AND COMPLETE EXPLANATION, INCLUDING DATES, TIME, PLACE, SCHOOL, CITY, STATE, COURT, PRINCIPAL PARTIES, ETC., AND THE FINAL DISPOSITION OR CURRENT STATUS OF THE INCIDENT:

1. Does the student have a disciplinary record for violating school regulations?
2. Has the student ever been suspended from school or placed in an alternative education program for disciplinary reasons?
3. Has the student been adjudicated as a delinquent for an offense that is not a violent offense under relevant Oklahoma law?
4. Has the student been adjudicated as a delinquent for an offense that is a violent offense under relevant Oklahoma law?
5. Has the student been convicted as an adult for an offense defined in relevant Oklahoma law as an exception to a nonviolent offense?
6. Has the student been convicted as an adult for an offense defined in relevant Oklahoma law as a violent offense?
7. Has the student committed a violent act on school property, in school transportation, or at any school event that showed deliberate or reckless disregard for the health or safety of students, faculty or others?
8. 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, missing or stolen property found to have been taken from a student, school employee or the school during school activities?
9. Has the student possessed on school property, in school transportation, or at a school event, a dangerous weapon or a controlled dangerous substance as defined by relevant Oklahoma law?
10. 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 IEP, and if preliminary approval of a transfer is made, to conduct the statutorily required joint IEP conference with the resident district. Is the student currently, or has the student been a child with a disability who received an Individualized Education Program?

IN ADDITION TO COMPLETING THIS FORM (ATTACHMENT "A"), YOU MUST ALSO COMPLETE THE CONSENT TO CANCELLATION AGREEMENT (ATTACHMENT "C") AND THE CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION, WHICH ALLOWS THIS DISTRICT TO OBTAIN AND REVIEW ALL EDUCATIONAL RECORDS OF THE STUDENT FROM ALL PREVIOUS SCHOOLS ATTENDED BY THE STUDENT.

This applicant verifies that he/she is the parent, guardian or person having legal custody of the child listed above and that as the information contained in this application and any attachments is complete and accurate. Willfully supplying inaccurate or incomplete information will result in cancellation of this transfer. Applicant hereby acknowledges that he she and the child, if transferred shall be bound by the rules and regulations of Anderson Public Schools and the compulsory school attendance laws of Oklahoma.

Signed this, ____ day of _____, _____

Signature of Parent, Guardian, or Person having legal custody applying for a Transfer

Printed Name of Parent, Guardian, or Person having legal custody

ATTACHMENT "C"
ANDERSON PUBLIC SCHOOL
TRANSFER CONSENT TO CANCELLATION OF TRANSFER

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

1. That the undersigned student has a right by law to attend the school district of residence;
2. That the non-resident student desiring to enroll in this School 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 School District, the administration of the 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 by the District, school, or teacher;
2. The parent 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 school 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 to cancellation may not be withdrawn at any time in the future.

The undersigned also understands that although the administration will notify the parent, guardian, or person having legal custody 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.

Signed this _____ day of _____, _____.

Signature of Parent, Guardian, or Person having legal custody applying for a Transfer

Printed Name of Parent, Guardian, or Person having legal custody

Signature of Student (if 18 years of Age or Older)

Printed Name of Student