Student Transfers Application Form

OKLAHOMA Education

**2   –   **
SCHOOL YEAR

RECEIVING DISTRICT (TRANSFER TO)

COUNTY NAME

DISTRICT NAME

SITE REQUESTED**
SENDING/RESIDENT DISTRICT (TRANSFER FROM)

COUNTY NAME

DISTRICT NAME

SITE NAME
STUDENT INFORMATION

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 the student is currently enrolled in Homeschool/Private School, the student is moving into Oklahoma from another state or country, or the student has never attended a public school in the State of Oklahoma.**

☐

Is this student being served on an Individual Education Program (IEP)?

☐ Yes   ☐ No   DATE OF IEP MEETING

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.

**This question is to assist the receiving school in referencing capacity at the site that would be your preference. This is not a guarantee that capacity is available there.

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PARENT/LEGAL GUARDIAN MUST COMPLETE AND SIGN

_____   _____
PARENT NAME   EMAIL

_____   _____
STREET ADDRESS   CITY   STATE   ZIP

_____   _____
HOME PHONE   ALTERNATE PHONE

Is the parent/legal guardian requesting this open transfer a TEACHER* employed by this receiving district? ☐ Yes   ☐ No

*A teacher is any person who is employed to serve as a district superintendent, principal, supervisor, counselor, librarian, school nurse, classroom teacher, or a school employee in any other instructional supervisory/administrative capacity.

1. **Is the 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   **(If yes, provide active-duty documentation.)**

2. **Is the student currently in foster care?** ☐ Yes   ☐ No   **(If yes, provide foster care documentation.)**

3. **Is the student currently home schooled?** ☐ Yes   ☐ No

4. **Did the student previously attend a dependent district (K-8)?** ☐ Yes   ☐ No

5. **Does this student have siblings currently Enrolled at HPS?** ☐ 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   **DATE**

DISTRICT USE ONLY

District has three business days to upload this transfer request into the transfer system. If there is documentation from question 2 or 3 above, please retain this information to upload into the transfer system.

Received by _____   District _____
            DISTRICT EMPLOYEE RECEIVING   **NAME OF DISTRICT**

at **TIME** _____ on **DATE** _____   **Approved** ☐   **Denied** ☐