Parent/Guardian's Application for a Student Transfer due to Emergency Beginning School Year 20_____ - 20_____

Instructions: The parent must complete and begin transfer 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 student transfer applications to the State Department of Education only via the online Wave Student Transfer System. *Sending District MUST SIGN if application is for Mutual District Consent RFT 05.

No student may be granted more than one *Open Transfer* per school year, but may qualify for additional transfers pursuant to emergency provisions of the Open Transfers Act or a legal change in residence. [OAC 210:10-1-18 (d)]

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 _____

Emergency transfers may only be cancelled with the concurrence of the board of the Receiving District and student's parent. [OAC 210:10-1-18 (g) (1)]

Student Information: Enter the Grade level for the school year the child will attend if transfer is approved; use EC for any PreK program.

(PRINT) First Name	Middle Name	Last Name	Birth Date	Grade	**IEP****	**Reason*****	**District Use**

****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. An IEP Service Agreement does not constitute a transfer under the Open Transfer Act and should not be formalized using a transfer form.

*****Reason for Transfer (RFT)**: The Receiving District must select Reason for Transfer and enter correct code number in 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 Receiving District and Sending District and the Sending District Superintendent must sign the application. The Sending District must enter approve or deny **online in the Wave within 10 business days** or an automatic approval will result.

* For RFT **05** ____ Approve / Deny ____ **Sending District Superintendent's SIGNATURE**_____

06 - 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.

07 - Unavailability of a Specialized Deaf Education Program for a student who is deaf or hearing impaired;

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.

(PRINT) Name of Parent/Guardian Applicant **(SIGNATURE)** Parent/Guardian Date

Residence Street Address City Zip Code Home Phone Second Contact Phone