



## 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	0	7	District Number	I	- 0 7 2
District Name	Durant Public Schools				
County Name	Bryan County				
SIGNED					
<input type="checkbox"/> APPROVE	<input type="checkbox"/> DENY	<input type="checkbox"/> 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)(2)

**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.** (please complete sending school box above)  
\* For RFT 05 \_\_\_\_ Approve / Deny \_\_\_\_ Sending District Superintendent's SIGNATURE \_\_\_\_\_
06. Unavailability of remote or on-site internet-based instruction (by course title) in the district of residence 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.
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

01. Are you (parent/guardian) requesting to **CANCEL** a previously approved emergency transfer?  Yes /No
02. 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

**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: \_\_\_\_\_  
  
School: \_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_  
Grade Completed Upon Leaving District: \_\_\_\_\_  
  
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):

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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:

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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:

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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:

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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 \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

Revised by vote of the Board of Education, August 13, 2019

**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\_\_\_\_\_.

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Signature of Parent or Adult Student

Printed Name

Revised August 13, 2019