Student Intra Dist Transfers App Form



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RECEIVING SITE (TRANSFER TO)			SCHOOL YEAR
COUNTY NAME			
DISTRICT NAME			
SITE REQUESTED** SENDING SITE			
SITE LEAVING NAME			
STUDENT INFORMATION			
FIRST NAME			
MIDDLE NAME			
LAST NAME			
BIRTH DATE (MM/DD/YYYY) / GRADE LEVEL	ETHNICITY	/	GENDER
10-DIGIT STATE ID STATE TESTING NUMBER (STN) OF Check here if the student is currently enrolled in Homesch			
from another state or country, or the student has never at	tended a public sch	ool in the State o	f Oklahoma.
Is this student being served on an Individual Education Pr	rogram (IEP)?		
Yes No	DATE OF IEP MEETING		
Receiving Site: If above answer is "yes," a representative from bostudent's IEP needs. Applicable records must be submitted from the maintained by both sites in accordance with federal and state law	ne student's last schoo		

Sending Site: 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 FIRST AND LAST NAME EMAIL STREET ADDRESS ZIP CODE

ALTERNATIVE PHONE

1. Did the student attend the desired school site in the prior school year? Yes [] No []

HOME PHONE

TIME

- 2. Does the student have siblings that are already enrolled and attending the desired school site? Yes [] No []
- 3. Is the student a child of a school district employee that works at the desired school site? Yes [] No []
- 4. Did the student change residency within the district and wish to continue attending the same school site that they previously attended? 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 TI	HE PARENT/GUARDIAN	DATE
	usiness days to upload this transfe	er request into the transfer system. If there is
documentation froi	m question 2 or 3 above, please re	tain this information to upload into the transfer system.
Received by DISTR	RICT EMPLOYEE RECEIVING	District NAME OF DISTRICT
at	on	Approved Denied

DATE