

Parent’s Application for a Student Open Transfer for School Year 2015-16

Instructions:

No later than **May 31st** of the school year preceding the year the transfer is desired, parent/guardian may file an Open Transfer application to the Receiving District.

No later than **May 31st** of the same year, the Receiving District must notify the resident district that a transfer application has been filed, and notification is via the Receiving District entering applications in the Wave online no later than May 31.

No later than **July 15th** the Receiving District’s board of education shall approve or deny Open Transfer applications, verified by entering the decision in the Wave online, and must notify the parent/guardian of their transfer decision.

No later than **August 1st** a parent/guardian who was notified of an approved Open transfer shall provide written notice to the Receiving District that their child/student will be enrolling in the receiving district. [70 O.S. § 8-101, 8-10] [OAC 210:10-1-18 (d) (1)]

Receiving District (transfer to)

County Name _____

District Name _____

School Site Requested _____

Sending/Resident District (transfer from)

County Name _____

District Name _____

School Site _____

Check here if child is currently **Home Schooled.**

STUDENT INFORMATION

First Name	Middle Name	Last Name	Birth Date	Grade Level for 2015-16	IEP* (Yes / No)	Date for IEP Meeting
_____	_____	_____	_____	_____	_____	_____

*Receiving District: If above answer is “yes” that child is currently on an Individual Education Program (IEP) a representative from both districts must be present for an IEP meeting 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.

An “IEP Service Agreement” does not constitute a transfer under the Education Open Transfer Act and should not be formalized by using this form.

PARENT/LEGAL GUARDIAN MUST COMPLETE AND SIGN:

First and Last Name _____ Email (optional) _____

Street Address _____ City _____ Zip Code _____

Home Phone (Area Code) _____ Alternate Phone (Area Code) _____

1. Does the parent/legal guardian have another child currently attending this same Receiving District on a previous Open Transfer?

__ Yes / No __ If “Yes” enter Sibling Name(s): _____

2. Is this parent/legal guardian a TEACHER employed by this Receiving District? __ Yes / No __

3. Is this parent/legal guardian requesting a district that provides a SPECIALIZED DEAF EDUCATION program? __ Yes / No __

4. Is this parent/legal guardian requesting to CANCEL an approved Open Transfer for the student(s) listed? __ Yes / No __

An Open Transfer may occur outside of statutory time frame with documentation provided when above questions 1, 2 or 3 are “Yes.”

Pursuant to the provisions of the statutes of the state of Oklahoma, and the rules and regulations of the State Board of Education, 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 he/she is the custodial parent or legal guardian of the child/children listed above and hereby acknowledges that if this transfer application 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.

SIGNATURE of the Parent/Guardian _____ **Date** _____

Received by district on _____. The Receiving District decision must be no later than July 15.

Receiving District Superintendent’s Use Only

Approve Deny Cancel Signature _____ Date _____