



Parent/Guardian's Application for a Student Transfer due to Emergency
Beginning School Year 2_____ - 2_____

Instructions: The parent must complete and begin 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 this application to the State Department of Education (SDE) via the Wave online student transfer system. Superintendent of the resident district must also sign the paper application. Keep a paper copy on file.

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 _____

An approved emergency transfer **may be canceled** with the concurrence of the board of the Receiving District and the parent.
No student shall be allowed more than one transfer in a school year.

***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. **Student Information:** Print legibly or type information. Enter the Grade level for the school year this child will attend if transferred. Enter "EC" for Early Childhood programs Pre-K or Head Start.

(PRINT) First Name	Middle Name	Last Name	Birth Date	Grade	*IEP	RFT No.	District Use

Reason For Transfer (RFT) Code Numbers: The Receiving District must select the applicable RFT code and enter it in the 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 Sending and Receiving Districts. SDE requires the Sending District Superintendent to sign the application.

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

- 06** - Unavailability of a specialized deaf education program for a student who is deaf or hearing impaired;
- 07** - 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.
- 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. **OPTIONAL: PARENTS MAY INCLUDE A LETTER WITH WHY THIS TRANSFER IS REQUESTED.**

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

Residence Street Address _____ City _____ Zip Code _____ Home Phone _____ Second Contact Phone _____