



Parent's Application for a Student Transfer due to Emergency for School Year _____ - _____

The parent must begin application with the Receiving District. District personnel should complete this form above the bold line. If both districts approve the transfer, the school district must submit the approved application to the Student Transfer Section of the Oklahoma State Department of Education, via the Wave online. Each district may keep a paper application signed by a parent on file at their district.

RECEIVING SCHOOL DISTRICT	
County Number ___ District Number ___ - _____	
District Name _____	
County Name _____	
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> CANCELED <input type="checkbox"/>	
SIGNATURE of Superintendent	Date

SENDING SCHOOL DISTRICT	
County Number ___ District Number ___ - _____	
District Name _____	
County Name _____	
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	
SIGNATURE of Superintendent	Date

STUDENT INFORMATION: Print legibly in black ink. List each child in the same family applying for an emergency transfer. Enter the complete birth date. Enter the Grade for the school year child will attend if transferred: **K-12, or EC** for any Early Childhood Programs such as Pre-Kindergarten and Head Start. Check (✓) **Individualized Education Program (IEP)** column if applicable. An approved emergency transfer may be canceled with the concurrence of the board of the Receiving District and the parent. (70 O.S. § 8-103)

(PRINT) LAST NAME	FIRST NAME	M.I.	BIRTHDATE	GRADE	*IEP	RFT NO.	SDE USE ONLY

REASON FOR TRANSFER (RFT) CODES: School district personnel must enter applicable code in the RFT No. column above.

01 - Destruction of School Building	04 - Total Failure of Transportation Facilities	07 - Internet Course Not Offered (70 O.S. § 8-104)
02 - Subject Not Offered	05 - Mutual District Consent	08 - Grade Not Offered
03 - Catastrophic Medical Condition	06 - Special Needs Services Not Offered	(Previous "09" RFT code should now use "06")

*IEP and all necessary records must be submitted to the Receiving District if this transfer is for a student with a disability being served through an IEP. Both districts shall maintain such records in accordance with confidentiality regulations and state and federal laws.

Parent/Guardian is to complete this section. (Approved emergency student transfers will be in effect for the current school year only.)

1. Did you (parent/guardian) move into the Sending District on or after February 1 of the current year? Yes No
2. Are you (parent/guardian) requesting to **CANCEL** a previously approved emergency transfer? Yes No
3. 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 of Parent/Guardian Applicant	Date
Street Address	City	Zip Code
	Home Phone No.	Second Phone No.