

PARENT'S APPLICATION FOR TRANSFER OF STUDENTS

Regular Emergency Cancellation

COUNTY OF RECEIVING SCHOOL DISTRICT: _____

Date of Application _____

For the School Year ____ - ____

SENDING SCHOOL DISTRICT

RECEIVING SCHOOL DISTRICT

County _____

County _____

District Number _____ Approved

District Number _____ Approved

District Name _____ Denied

District Name _____ Denied

Date Signature of School Superintendent

Date Signature of School Superintendent

In pursuance 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 following named child/children to transfer from the sending district to the receiving district as indicated above:

FULL NAME (Please Print)	BIRTH DATE	AGE	GRADE

Reason(s) for transfer: _____

If transfer is for special education, a test evaluation (not over 3 years old) must be submitted with transfer application.

Has any child in this family been transferred to this district before? _____ If yes, what year? _____

This applicant verifies that he/she is the parent or guardian of the child/children above named. This applicant hereby acknowledges that he/she and the child/children, if transferred, shall be bound by the rules and regulations of the receiving district and the compulsory school attendance laws of Oklahoma.

Signature of Parent or Guardian

Residence Phone

Business Phone

Street Address

City

Zip Code

Approved
Denied

Date

Signature of Superintendent of Receiving School District

RETURN TO SUPERINTENDENT OF RECEIVING SCHOOL DISTRICT