



Sandy Garrett
 State Superintendent of Public Instruction
 Oklahoma State Department of Education (SDE)

Parent's Application for an "Open Transfer" of Student for School Year _____ - _____

The parent or legal guardian must apply with the Receiving District. Application deadline is **April 1** of the school year preceding the transfer. School personnel should complete the top section of this form.

Receiving School District (*transferring to*)

Sending School District (*transferring from*)

County Name _____

County Name _____

District Name _____

District Name _____

Site Requested _____

School Site _____

Approved / Denied Date: _____

Cancel Previous Open Transfer as of _____

Signature of Receiving District's Superintendent is required.

COMPLETE ALL STUDENT INFORMATION BELOW:

Print: Last Name	First Name	Middle Name	Birth Date	√ if applicable*	
				*IEP	Grade (<i>PreK-12</i>)

***Check (√) Individualized Education Program (IEP) in the IEP column above if applicable.** An IEP and all necessary records must be submitted to the Receiving District if this transfer is for any student with a disability being served through an IEP. Such records shall be maintained by both districts in accordance with federal and state laws. **A joint district meeting for student(s) with an IEP must be held prior to approval of a transfer.**

1. Does the parent/legal guardian have **another child on a previous Open Transfer** at this Receiving District? ___ Yes / No ___
2. Is the parent/legal guardian of the student(s) a **teacher** at this Receiving District (70 O.S. § 8-113)? ___ Yes / No ___
3. Is the parent/legal guardian requesting a transfer due to their child's need for **specialized deaf education**? ___ Yes / No ___

Custodial parent or legal guardian must read, sign and complete all information below.

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/children listed on this form to transfer from their resident Sending District to the Receiving District indicated on this form.

This application is being filed with the Receiving District on (date) _____, 2_____, by the applicant:

PRINT NAME of Parent/Guardian Applicant _____ SIGNATURE of Parent/Guardian Applicant _____ Date _____

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

The parent/guardian applicant verifies by their signature (above) that he/she is the custodial parent or legal guardian of the child/children on this form. The applicant hereby acknowledges that if the student transfer is approved, he/she and the child/children shall be bound by the rules and regulations of the Receiving District and the compulsory school attendance laws of Oklahoma.