

ATTACHMENT "A"
APPLICATION FORM

Completion of this form is required of each applicant for a transfer in order to apply the criteria of this policy. Failure to fully and truthfully complete and timely submit this form to the District will result in a denial of the transfer. Completion of this form will be in addition to completion of any form required by the State Board of Education.

1. Full name of student as it appears on the student's birth certificate:

2. Date of student's birth: _____

3. Current address of student: _____

4. Full names of parent, guardian, or custodian of the student:

5. Educational history of the student:

A. School district in which student currently resides: _____

B. School in which the student is currently enrolled, if different from above

C. If the student has not exclusively attended the school district in which the student is currently enrolled, list the name of each school district and addresses, if known, in which student has ever been enrolled:

School: _____

Dates of Attendance: _____

Grade completed upon leaving District: _____

6. Current or last completed grade of student: _____

7. Grade in which the student desires to enroll: _____

8. Courses in which the student desires to enroll in each semester in the coming school year.

9. Does the student have disciplinary record for violating school regulations? **YES**____ **NO**____

If **YES**: State school(s) in which each violation occurred and approximate date(s) of violation(s)_____

10. Has the student ever been suspended from school or placed in an alternative education program or setting for disciplinary reasons? **YES**____ **NO**____

If **YES**: For each suspension and alternative program or setting, state the school which suspended or placed the student, the nature of the offense, and approximate date of the suspension or placement, if different from above.

School_____

Offense_____

Approximate date of suspension or placement_____

11. Has the student been adjudicated as a delinquent for an offense that is **not** a violent offense under relevant Oklahoma Law? **YES**____ **NO**____

If **YES**: State the name of the court making the adjudication, the time of such adjudication, the nature of offense, whether the student is still under any court supervision, and if so, the name of the person overseeing such supervision.

Name of Court_____

Time of adjudication_____

Nature of offense_____

If student is still under court supervision, name of person overseeing supervision

12. Has the student been adjudicated as a delinquent for an offense that is a violent offense under relevant Oklahoma Law? **YES**____ **NO**____

If **YES**: State the name of the court making the adjudication, the time of such adjudication, the nature of offense, whether the student is still under any court supervision, and if so, the name of the person overseeing such supervision.

Name of Court_____

Time of adjudication_____

Nature of offense_____

If student is still under court supervision, name of person overseeing supervision

13. Has the student been convicted as an adult for an offense defined in relevant Oklahoma Law as an exception to a nonviolent offense? **YES**____ **NO**____

If **YES**: State the name of the court in which the conviction was entered, the time of the conviction, the nature of the offense, the sentence imposed, whether the student is still under any court supervision, and, if so, the name of the parole officer of other supervisor:

Name of the Court_____

Time of conviction_____

Nature of offense_____

Sentence imposed_____

If student is still under court supervision, name of parole officer or other supervisor

14. Has the student been convicted as an adult for an offense defined in relevant Oklahoma Law as a violent offense? **YES**____ **NO**____

If **YES**: State the name of the court in which the conviction was entered, the time of the conviction, the nature of the offense, the sentence imposed, whether the student is still under any court supervision, and, if so, the name of the parole officer of other supervisor:

Name of the Court_____

Time of conviction_____

Nature of offense_____

Sentence imposed_____

If student is still under court supervision, name of parole officer or other supervisor

15. Has the student committed on school property, in school transportation, or at a school event a violent act of an act showing deliberate or reckless disregard for the health or safety of faculty or others? **YES**____ **NO**____

If **YES**: State the district attended when the act occurred, the approximate date of the act, and describe what occurred.

District_____ Date_____

Describe what occurred_____

16. Has the student possessed on school property, in school transportation, or at a school event an alcoholic beverage, low-point beer as defined by relevant Oklahoma law, a wireless telecommunication device, or been involved with missing or stolen property found to have been taken from a student, school employee, or the school during school activities? **YES**____ **NO**____

If **YES**: State for each separate act, the district attended when the act occurred, the approximate date of the act, and describe what occurred.

District Attended_____

Date_____

Describe what occurred_____

17. Has the student possessed on school property, while in school transportation, or at a school event a dangerous weapon or a controlled dangerous substance as defined by relevant Oklahoma law? **YES**____ **NO**____

If **YES**: State for each separate act, the district attended when the act occurred, the approximate date of the act, and describe what occurred.

District Attended_____

Date_____

Describe what occurred_____

18. If the student has been identified as a child with disability, this District will need to review all such records to make a reasonable determination of whether the District has the facilities, programs, staff, and space to implement the student's current or anticipated IEP, and, if preliminary approval of a transfer is made, to conduct the statutorily-required joint IEP conference with the resident district. Is the student currently, or has the student been a child with a disability who received an Individualized Education Program? **YES**____ **NO**____

If **YES**: Briefly describe the nature of the disability, the approximate time period in which the student has been or was under an Individual Education Program (IEP), and the names of the school districts which implemented the student's IEP.

Nature of the Disability_____

Time period_____

School Districts_____

19. Do you agree to complete the Consent for Release of Confidential Information, State Department of Education Form 11, allowing this District to review all educational records of the student from all previous schools attended by the student? **YES**____ **NO**____

ATTACHMENT "B"
TRANSFER STUDENT CONSENT TO CANCELLATION OF TRANSFER

The undersigned, who is not a resident of this School District, recognizes:

1. That the undersigned student has a right by law to attend the school district of residence;
2. That the non-resident student desiring to enroll in this school district has no statutory right to attend this District;
3. That the District is not required to accept this transfer application; and,
4. That the District does not desire to accept a transfer of a student who will detract from the educational process of resident students or take the place of another transfer application who would not detract from that process.

The undersigned hereby agrees that if the District approves a transfer allowing the undersigned student to enroll in this School District, the administration of the District has the consent of the undersigned to cancel the transfer during the approved enrollment school year.

1. The student fails to comply with student behavior rules set by the District, school, or teacher;
2. The parent or student 18 years or age or older fails to promptly pay financial obligations owed to the District, including payments owed, but not limited to, school lunches and for lost or destroyed school property; or,
3. The student does not have a valid excuse for failure to attend school.

The undersigned also is informed that consent to cancellation is a necessary component for continued enrollment after transfer acceptance, and thus the consent may not be withdrawn at any time in the future.

The undersigned also understands that although the administration will notify the parent or student 18 years of age or older of any cancellation, the undersigned understands and agrees that the determination of the administration that a cancellation is to be effected will be final, that the undersigned will have no right to appeal that determination to the board of education, and that after cancellation the administration will send the educational records of the student to the student's resident school district or to such other school district as the undersigned directs.

By signing this agreement I affirm that I have read and understand the above conditions concerning acceptance of the transfer application and my consent to district authority to cancel the transfer, if granted, for the reasons stated above.

Signed this _____ day of _____, _____

Signature of Parent applying for a Student

Print Name of Parent

Signature of Student 18 Years of Age or Older

Print Name of Student

ATTACHMENT "C"
CONSENT OF PRINCIPAL RECEIVING STUDENT

Signed this _____ day of _____, _____

_____ I approve the following student's transfer.

_____ I do not approve the following student's transfer.

Rationale _____

Student's Name

Signature of Building Principal