



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

The parent must begin application with the Receiving District. If both districts approve the transfer, the Receiving District must submit the application to the State Department of Education via the Wave (online). Districts should keep paper applications, signed by parent, on file at the district. Approved emergency transfers expire on June 30. An approved emergency transfer may be **canceled** with the concurrence of the Receiving District and the parent (*70 O.S. § 81-04*). Begin application to cancel using this same form, signed and dated as required.

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 (from parent or school): You may list all children in the same family applying for an emergency transfer. Enter the complete birth date and enter the Grade (**K-12**) for the school year child will attend if transferred. For Early Childhood programs such as Head Start or Pre-Kindergarten, use **EC** for the Grade. (*See instructions below for students with a disability, served by an IEP.*)

(PRINT) LAST NAME	FIRST NAME	M.I.	BIRTHDATE	GRADE	*IEP	RFT NO.	SITE of Receiving District

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 Facility | 07 - Deaf Education Program Not Offered |
| 02 - Subject Not Offered | 05 - Mutual District Consent | 08 - Special Needs Services Not Offered |
| 03 - Catastrophic Medical Condition | 06 - Internet Course Not Offered (<i>70 O.S. § 8-104</i>) | 09 - Grade Not Offered |

Check (✓) the IEP column above if this transfer is for a student with a disability being served through an **Individualized Education Program. The IEP documents and all necessary records must be submitted to the Receiving District. Both districts shall maintain all IEP records in accordance with confidentiality regulations, state laws, and federal laws.*

Parent/Guardian must complete this section to apply for emergency transfer, or to apply to cancel a previously approved transfer.				
1. Did you (parent/guardian) move into the resident Sending District after February 1 of the current year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Are you (parent/guardian) requesting to cancel a previously approved emergency transfer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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. Approved emergency student transfers are in effect for one school year only.				
_____ (PRINT) Name of Parent/Guardian Applicant		_____ SIGNATURE of Parent/Guardian Applicant		_____ Date
_____ Street Address	_____ City	_____ Zip Code	_____ Home Phone	_____ Second Contact Phone