



**Parent/Guardian's Application for a Student Transfer due to Emergency**  
**Beginning School Year 20 18 - 2019**

**Instructions:** The parent must complete and begin transfer application with the superintendent of the Receiving District. "On an adequate showing of emergency, the superintendent of the receiving school district may make and order a transfer, subject to approval by the State Board of Education." [70 § 8-104]. The Receiving District must submit student transfer applications to the State Department of Education only via the online Wave Student Transfer System. \*Sending District MUST SIGN if application is for Mutual District Consent RFT 05.

**No student may be granted more than one *Open Transfer* per school year, but may qualify for additional transfers pursuant to emergency provisions of the Open Transfers Act or a legal change in residence. [OAC 210:10-1-18 (d)]**

RECEIVING SCHOOL DISTRICT								
(request transfer to)								
County Number	<input type="text" value="6"/>	District Number	<input type="text" value="1"/>	<input type="text" value="I"/>	-	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="5"/>
District Name	<u>Indianola Public School</u>							
County Name	<u>Pittsburg</u>							
SIGNED _____								
<input type="checkbox"/> APPROVE		<input type="checkbox"/> DENY		<input type="checkbox"/> CANCEL				

SENDING SCHOOL DISTRICT							
(transfer from)							
County Number	<input type="text"/>	District Number	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
District Name	_____						
County Name	_____						

**Emergency transfers may only be cancelled with the concurrence of the board of the Receiving District and student's parent.** OAC 210:10-1-18(g)(2)

**Student Information:** Enter the Grade level for the school year the child will attend if transfer is approved; use EC for any PreK program

(PRINT) First Name	Middle Name	Last Name	Birth Date	Grade	IEP**	Reason***	District Use

**\*\*Check (✓) Individualized Education Program (IEP)** column if applicable. If this transfer is for a student with a disability being served through an IEP, the IEP and necessary records must be submitted to the Receiving District. Both districts shall maintain such records in accordance with confidentiality regulations, state laws, and federal laws. An IEP Service Agreement does not constitute a transfer under the Open Transfer Act and should not be formalized using a transfer form.

**\*\*\*Reason for Transfer (RFT):** The Receiving District must select Reason for Transfer and enter correct code number in column above.

- Destruction or partial destruction of a school building;
- Inability to offer the subject a pupil desires to pursue if the pupil becomes a legal resident of a school district after February 1 of the school year immediately prior to the school year for which the pupil is seeking the transfer;
- Catastrophic medical problem of a student which for purposes of this section shall mean an acute or chronic serious illness, disease, disorder or injury which has a permanently detrimental effect on the body's system or renders the risk unusually hazardous;
- Total failure of transportation facilities; (school-provided transportation/bus service)
- Concurrence of both the Receiving District and Sending District and the Sending District Superintendent must sign the application.  
 The Sending District must enter approve or deny online in the Wave within 10 business days or an automatic approval will result.  
 \* For RFT 05  Approve / Deny  Sending District Superintendent's SIGNATURE \_\_\_\_\_
- Unavailability of remote or on-site internet-based instruction (by course title) in the district of residence for a student identified as in need of drop-out recovery or alternative education services, provided such student was enrolled at any time in a public school in this state during the previous three (3) years.
- Unavailability of a Specialized Deaf Education Program for a student who is deaf or hearing impaired;
- When a student has been the victim of harassment, intimidation and bullying as defined in Title 70 O.S. § 24-100.3, upon verification by the Receiving District that the student has been the victim of harassment, intimidation or bullying, and that the Sending District was notified of the incident(s) prior to the filing of the application for transfer.

**Parent/Guardian**

- Are you (parent/guardian) requesting to **CANCEL** a previously approved emergency transfer?  Yes /No
- 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) Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Residence Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Second Contact Phone \_\_\_\_\_

TRANSFER STUDENT CONSENT TO CANCELLATION OF TRANSFER

ATTACHMENT "B"

The undersigned, who is not a resident of the Indianola 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 the Indianola School District has no statutory right to attend this district.
3. That the Indianola School District is not required to accept this transfer application; and,
4. That the Indianola School 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 applicant who would not detract from that process.

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

1. The student fails to comply with student behavior rules set by the Indianola School District, administration, or teacher.
2. The parent or student 18 years of age or older fails to promptly pay financial obligation owed to the Indianola School 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 this 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 Indianola 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 Transfer

\_\_\_\_\_  
Signature of Student 18 Years of Age or Older

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of Parent