



**Parent's Application for an Open Transfer Beginning School Year 2014-15**

Instructions: No later than the **first Monday in June 2014**, the parent/guardian must submit this application to the Receiving District to apply for the 2014-15 school year. No later than **30 days after receiving an Open Transfer application**, the Receiving District must notify the parent/guardian and the Sending District of their decision to approve or deny. **Within 10 days of receiving approval notification from the Receiving District, the parent shall notify the Receiving District that they intend to enroll their student in the fall.** The Receiving District must complete data entry of Open Transfer applications **no later than the first Monday in June** which will notify the Sending District by the deadline. [70 O.S. § 8-101, 8-10] [House Bill 2131 effective November 2013]

**RECEIVING DISTRICT** (transfer to)

County Name \_\_\_\_\_

District Name \_\_\_\_\_

School Site Requested \_\_\_\_\_

**SENDING/RESIDENT DISTRICT** (transfer from)

County Name \_\_\_\_\_

District Name \_\_\_\_\_

School Site \_\_\_\_\_

Check here if child is currently **Home Schooled**.

**STUDENT INFORMATION**

First Name	Middle Name	Last Name	Birth Date	Grade Level 2014-15	IEP* (Yes / No)	Date for I.E.P. Meeting

\*An IEP is an Individualized Education Program. If parent answered "yes" that child is currently on an IEP, a representative from both districts must be present for an IEP meeting held to discuss the student's IEP needs. Applicable IEP records must be submitted from the student's school to the Receiving District and shall be maintained by both districts in accordance with federal and state laws.

An "IEP Service Agreement" does not constitute a transfer under the Education Open Transfer Act and should not be formalized or processed by use of this form.

**PARENT/LEGAL GUARDIAN MUST COMPLETE AND SIGN:**

First and Last Name \_\_\_\_\_ Email (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (Area Code) \_\_\_\_\_ Alternate Phone (Area Code) \_\_\_\_\_

1. Does the parent/legal guardian have another child currently attending this same Receiving District on a previous Open Transfer?   Yes / No   If "Yes" enter Sibling Name(s): \_\_\_\_\_
2. Is this parent/legal guardian a TEACHER employed by this Receiving District?   Yes / No
3. Is this parent/legal guardian requesting a district that provides a SPECIALIZED DEAF EDUCATION program?   Yes / No
4. Is this parent/legal guardian requesting to CANCEL an approved Open Transfer for the student(s) listed?   Yes / No

An Open Transfer may occur outside of statutory time frame with documentation provided when above questions 1, 2 or 3 are "Yes."

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 listed on this form to transfer from their resident Sending District to the Receiving District as indicated on this form. **The parent/guardian applicant verifies by their signature (below)** that he/she is the custodial parent or legal guardian of the child/children listed above and hereby acknowledges that if this transfer application is approved, the parent/guardian shall be bound by the Compulsory School Attendance Laws of Oklahoma rules and all regulations of the Receiving District named on this transfer application.

**SIGNATURE of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Receiving District Superintendent's Use Only**

Approve  Deny  Cancel  Signature \_\_\_\_\_ Date \_\_\_\_\_

Receiving District received this form on \_\_\_\_\_, 2014. The decision must be within 30 days which is \_\_\_\_\_, 2014.