

20 - 20
SCHOOL YEAR

STUDENT INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

BIRTH DATE (MM/DD/YYYY) GRADE LEVEL IN TRANSFER YEAR

10-DIGIT STATE ID STATE TESTING NUMBER (STN) OBTAINED FROM YOUR CHILD'S SCHOOL AND STARTS WITH 1-0-0.

Check if the student is currently enrolled in Homeschool/Private School, the student is moving into Oklahoma from another state or country, or the student has never attended a public school in the State of Oklahoma.

PARENT/REPRESENTATIVE

FIRST AND LAST NAME EMAIL

STREET ADDRESS

CITY ZIP CODE

HOME PHONE ALTERNATIVE PHONE

RECEIVING DISTRICT (TRANSFER TO)

COUNTY NAME

DISTRICT NAME

DATE OF TRANSFER REQUEST DENIAL DATE OF RECEIVING NOTICE OF DENIAL

SENDING/RESIDENT DISTRICT (TRANSFER FROM)

COUNTY NAME

DISTRICT NAME

SITE NAME

Please identify the basis for appealing the decision of the Receiving School Board.

Please attach any documentary evidence that relates to the transfer request and this appeal.

Pursuant to the provisions of the statutes of the State of Oklahoma, and the rules and regulations of the State Board of Education, this application is hereby made to permit the child listed on this form to transfer to the Receiving District as indicated on this form. The Parent verifies by their signature (below) that they are the custodial parent, legal guardian or foster parent of the child listed above and hereby acknowledges that if this transfer is approved, they shall be bound by the Compulsory School Attendance Laws of Oklahoma rules and all regulations of the Receiving District named on this transfer appeal form. Further, as the Parent of the minor student named above, I acknowledge, agree, understand that pursuant to the Oklahoma Education Open Transfer Act 70, O.S. § 8-101.2, the Receiving District may deny the request for transfer based on a lack of capacity, an incident of student discipline as outlined in 70 O.S. § 24-101.3; and/or as a result of the student have a history of absences, which is defined as ten or more unexcused absences in one semester. 70 O.S. § 8-101(A-B). As such, I hereby authorize the Oklahoma State Department of Education to access the education records of the student this transfer appeal is submitted on behalf of; provided, however, the authorization to access the education records is limited to those reasonably related and necessary to student discipline and attendance data.

By signing below, I verify and attest to having submitted this appeal to the receiving school district superintendent at the time of filing the appeal.

SIGNATURE OF THE PARENT/GUARDIAN

DATE

Upon receipt of a completed Appeal Form, the appeal will be considered by the State Board of Education at its next regularly scheduled meeting. You will be notified of the opportunity to appear at this meeting.

Please mail completed appeal to:

Executive Secretary of the Board
2500 N. Lincoln Boulevard, 5th Floor
Oklahoma City, OK 73105

or via email:

Subject: Student Transfer Appeal
To: Terrie.Cheadle@sde.ok.gov
CC: Brad.Clark@sde.ok.gov

Received by _____

OKLAHOMA STATE DEPARTMENT OF EDUCATION

at _____ on _____
TIME DATE

Approved Denied