



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

Instructions: The parent/legal guardian must begin 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]. In order to obtain Oklahoma State Board of Education approval, the receiving school district must submit this application online via the Wave student transfer system (STS) to the Oklahoma State Department of Education.

RECEIVING SCHOOL DISTRICT *(transfer to)*

County Number ___ District Number ___ - ___

District Name _____

County Name _____

APPROVE DENY CANCEL

Signature of Receiving District Superintendent

SENDING SCHOOL DISTRICT *(transfer from)*

County Number ___ District Number ___ - ___

District Name _____

County Name _____

The sending district's superintendent must use their electronic signature via the Wave STS online to approve/deny application. Also see signature requirement on this form if using RFT Code 05.

STUDENT INFORMATION: Print legibly or type information. List each child in the same family applying for an emergency transfer. Enter the complete birth date. Enter the Grade for the school year child will attend if transferred: **K-12** or **EC** for Early Childhood Programs such as Pre-Kindergarten and Head Start. Check (✓) **Individualized Education Program (IEP)** column if applicable. *An **IEP** and all necessary records must be submitted to the Receiving District if this transfer is for a student with a disability being served through an IEP. Both districts shall maintain such records in accordance with confidentiality regulations, state laws, and federal laws. An approved emergency transfer may be canceled with the concurrence of the board of the Receiving District and parent. [70 O.S. § 8-104] **Parent applicant must also attach a written explanation of the reason for this emergency transfer.**

| (PRINT) First Name | Middle Name | Last Name | Birth Date | Grade | *IEP | RFT No. | District Use |
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Reason for Transfer (RFT) Code Numbers: Receiving school district personnel must enter applicable code in the RFT No. column above.

- 01** - Destruction or partial destruction of a school building;
- 02** - 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;
- 03** - Catastrophic medical problem of a student, meaning 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;
- 04** - Total failure of transportation facilities;
- 05** - Concurrence of both the sending and receiving school district** (**05 requires sending district superintendent to sign this form**);
- 06** - Unavailability of a specialized deaf education program for a student who is deaf or hearing impaired; or
- 07** - Unavailability of remote on-site or 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 [70 O.S. § 8-104]. LIST SUBJECT: _____

**Sending District Superintendent's SIGNATURE *(required for RFT 05)* _____ Date _____ Phone _____

Parent/Guardian must complete this section.

1. Did you (parent/guardian) move into the resident sending district after February 1 of the current year? Yes No
2. Are you (parent/guardian) requesting to **CANCEL** a previously approved emergency transfer? Yes No
3. The applicant signed below verifies that he/she is the parent or guardian of the student(s) named above, and acknowledges if transferred shall be bound by the Receiving District's regulations and by the State of Oklahoma compulsory school attendance laws.

(PRINT) Name of Parent/Guardian Applicant SIGNATURE of Parent/Guardian Applicant Date

Street Address City Zip Code Home Phone Second Contact Phone