



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

The parent must begin application with the Receiving District. All applications must be submitted **via the Wave online** to the Sending District and the State Department of Education. The Sending District must respond via the Wave online to approve or deny the application. Each district may keep a paper application signed by a parent on file at their district.

RECEIVING SCHOOL DISTRICT		
County Number __ __ District Number __ - ____		
District Name _____		
County Name _____		
APPROVE <input type="checkbox"/>	DENY <input type="checkbox"/>	CANCEL <input type="checkbox"/>
SIGNATURE of Superintendent _____		Date _____

SENDING SCHOOL DISTRICT	
County Number __ __ District Number __ - ____	
District Name _____	
County Name _____	
APPROVE <input type="checkbox"/>	DENY <input type="checkbox"/>
SIGNATURE of Superintendent _____	Date _____

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 approved emergency **transfer may be canceled** with the concurrence of the board of the Receiving District and parent. (70 O.S. § 8-103)

(PRINT) First Name	Middle Name	Last Name	Birth Date	Grade	*IEP	RFT No.	District Use

Reason For Transfer (RFT) Code Numbers: School district personnel must enter applicable code in the RFT No. column above.

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| 01 - Destruction of School Building | 04 - Total Failure of Transportation Facility | 07 - Internet Course Not Offered (70 O.S. § 8-104) |
| 02 - Subject Not Offered | 05 - Mutual District Consent | 08 - Grade Not Offered |
| 03 - Catastrophic Medical Condition | 06 - Special Needs Services Not Offered | |

*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.

Parent/Guardian must complete this section. Approved emergency transfers will be in effect for the current school year only.

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. 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 of Parent/Guardian Applicant	_____ Date
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_____ Street Address	_____ City	_____ Zip Code	_____ Home Phone	_____ Second Contact Phone
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