

For Office Use

_____ Date Submitted

_____ Rec'd by

**STUDENT TRANSFER
APPLICATION FORM
& CONSENT TO CANCELLATION OF TRANSFER**

Completion of this form is required of each applicant for a transfer to Bartlesville Public Schools in order to apply the criteria of the relevant policies. Failure to fully and truthfully complete and timely submit this form to the district will result in a denial of the transfer. Completion of this form will be in addition to completion of any form required by the State Board of Education. This process will normally take 3 to 10 business days to complete. Applicants should remain in present enrollment until notice of approval is delivered.

STUDENT INFORMATION

Full name as it appears on the student's birth certificate: _____

Date of birth: _____ Home Phone: _____

Current address of student: _____
Street City Zip

School district in which the student currently **resides**: _____

School district in which the student is **currently enrolled**: _____

Current or last completed grade of the student: _____

Grade in which the student desires to enroll: _____

The District reserves the right to ask for additional information for any "yes" answer to the following questions.

1. Has the student any disciplinary records for violating school regulations? Yes _____ No _____
2. Has the student ever been suspended from school or placed in an alternative education program or setting for disciplinary reasons? Yes _____ No _____
3. Has the student been adjudicated as a delinquent for an offense that is not a violent offense under relevant Oklahoma law? Yes _____ No _____
4. Has the student been adjudicated as a delinquent for an offense that is a violent offense under relevant Oklahoma law? Yes _____ No _____
5. Has the student been convicted as an adult for an offense defined in relevant Oklahoma law as an exception to a nonviolent offense? Yes _____ No _____
6. Has the student been convicted as an adult for an offense defined in relevant Oklahoma law as a violent offense? Yes _____ No _____
7. Has the student committed on school property, in school transportation, or at a school event a violent act or an act showing deliberate or reckless disregard for the health of safety of faculty or others? Yes _____ No _____

8. Has the student possessed on school property, in school transportation, or at a school event an alcoholic beverage, low-point beer as defined by relevant Oklahoma law or been involved with missing or stolen property found to have been taken from a student, school employee, or the school during school activities?

Yes ____ No ____

9. Has the student possessed on school property, while in school transportation, or at a school event, a dangerous weapon or a controlled dangerous substance as defined by relevant Oklahoma law?

Yes ____ No ____

10. Is the student currently, or has the student been, a child with a disability who received an Individualized Education Program? (If the student has been identified as a child with a disability, this district will need to review all such records to make a reasonable determination of whether the district has the facilities, programs, staff, and space to implement the student’s current or anticipated IEP; and, if the preliminary approval of a transfer is made, to conduct the statutorily-required joint IEP conference with the resident district.) **A copy of most current IEP must be attached to this application.**

Yes ____ No ____

11. Is the student currently, or has the student been, a child on a 504? (If the student has been identified as a child with a disability, this district will need to review all records to make a reasonable determination of whether the district has the facilities, programs, staff, and space to implement the student’s current or anticipated 504; and, if the preliminary approval of a transfer is made, to conduct the statutorily-required joint IEP conference with the resident district.) **A copy of the 504 must be attached to this application.**

Yes ____ No ____

12. Do you agree to complete the Consent for Release of Confidential Information, State Department of Education Form 11, allowing this district to review all educational records of the student from all previous schools attended by the student?

Yes ____ No ____

13. What is the reason for this Request to Transfer to Bartlesville Public Schools?

- Child Care
- Parent’s Employment
- Siblings Attend
- Enrollment Offerings
 - ____ Athletics
 - ____ Band
 - ____ Vocal Music
 - ____ Art
 - ____ Speech/Debate
 - ____ AP program
- Other
Please list

CONSENT TO CANCELLATION OF TRANSFER

The undersigned, who is not a resident of this 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 this school district has no statutory right to attend this District;
- 3. That the District is not required to accept this transfer application; and,
- 4. That the 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 District approves a transfer allowing the undersigned student to enroll in this 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 out in Board of Education Policy FJ and elsewhere; or,
- 2. The parent or student 18 years of age or older fails to promptly pay financial obligations owed to the District, including payments owed, but not limited to, school lunches and for lost or destroyed school property.

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 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 _____, _____ .
(date) (month) (year)

Signature of parent, guardian or custodian of the student applying for a transfer: _____

Printed name of parent: _____

Printed name of student: _____

Signature of Student 18 Years of Age or Older: _____

Parent, guardian or custodian's Home phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____