

# PRINCIPAL RECOMMENDATION TO TRANSFER STUDENTS

PARENT COMPLETES TOP HALF OF THIS FORM:

*Is student currently receiving special education services or will parent be requesting special education services?*  
**(Parent completes & returns form along with required documents to Curriculum Office for Review by Executive Director of Special Services)**

Does Student have an IEP? \_\_\_\_\_ Yes (MUST attach current copy of IEP) \_\_\_\_\_ No  
**(parent completes)**

Category? \_\_\_\_\_ Special Needs? \_\_\_\_\_

Date of IEP Mtg/Conversation with Spec Ed Director: \_\_\_\_\_  
**(parent completes)**

Is Student on 504 Plan? \_\_\_\_\_ Yes (MUST attach current copy of 504) \_\_\_\_\_ No  
**(parent completes)**

Is the application complete? \_\_\_\_\_ Yes \_\_\_\_\_ No

Elementary level may choose up to 3 sites: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Upon completion of this section, parent schedules appointment with Curriculum office to complete transfer request**

**SITE ADMINISTRATOR COMPLETES BOTTOM PORTION OF THIS FORM:**

TO Bartlesville from: \_\_\_\_\_ OUT of Bartlesville to: \_\_\_\_\_

Type of Transfer: Open Transfer Number: \_\_\_\_\_ Emergency Transfer Number: \_\_\_\_\_  
(Good until Cancelled) (Expires @ end of current SY)

Date Received by Administrator: \_\_\_\_\_

**(Principal should contact parent by phone to discuss reasons student has requested to transfer. After contact has been made, please complete form then scan and email to the Curriculum office: [youngcm@bps-ok.org](mailto:youngcm@bps-ok.org))**

Reason student wishes to transfer:

Does principal \_\_\_\_\_ or \_\_\_\_\_ request for transfer?  
Recommend Deny

Student Name: \_\_\_\_\_ Site: \_\_\_\_\_

\_\_\_\_\_  
Signature, Principal (Date)

\_\_\_\_\_  
Signature, Special Education Director (Date)