

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

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)

Reason student wishes to transfer:

Does principal _____ or _____ request for transfer?
Recommend Deny

Student Name: _____ Site: _____

Signature, Principal (Date)

Signature, Exec. Dir. Of Special Services (Date)