



Instructions:

- No later than May 31st of the school year preceding the year the transfer is desired, parent/guardian may file an Open Transfer application to the Receiving District.
- No later than May 31st of the same year, the Receiving District must notify the resident district that a transfer application has been filed, and notification is via the Receiving District entering applications in the Wave online no later than May 31.
- No later than July 15th the Receiving District's board of education shall approve or deny Open Transfer applications, verified by entering the decision in the Wave online, and must notify the parent/guardian of their transfer decision.
- No later than August 1st a parent/guardian who was notified of an approved Open transfer shall provide written notice to the Receiving District that their child/student will be enrolling in the receiving district. [70 O.S. § 8-103] [OAC 210:10-1-18 (d) (4) ]

Receiving District (transfer to)	Sending/Resident District (transfer from)
County Name <u>Comanche</u>	County Name _____
District Name <u>Flower Mound School</u>	District Name _____
School Site Requested <u>Flower Mound School</u>	School Site _____
	Check here if child is currently Home Schooled. <input type="checkbox"/>

**Student Information**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade Level in Transfer Year \_\_\_\_\_ IEP\* (Yes/No) \_\_\_\_\_ Date for IEP Meeting \_\_\_\_\_

\*Receiving District: If above answer is "yes" that child is currently on an Individual Education Program (IEP) a representative from both districts must be present for an IEP meeting to discuss the student's IEP needs. Applicable records must be submitted from the student's last school to the Receiving District, and shall be maintained by both districts in accordance with federal and state laws. An "IEP Service Agreement" does not constitute a transfer under the Education Open Transfer Act and should not be formalized by using this form.

**PARENT/LEGAL GUARDIAN MUST COMPLETE AND SIGN:**

First and Last Name \_\_\_\_\_ Email (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (Area Code) \_\_\_\_\_ Alternate Phone (Area Code) \_\_\_\_\_

1. Does the child names on this Parent application for Transfer have a multiple-birth sibling (twin, triplet, etc) already attending this same receiving district on an Open transfer previously approved?  Yes / No   
If "Yes" enter Sibling(s) Name(s): \_\_\_\_\_
2. Is this parent/legal guardian who is requesting this open transfer a TEACHER employed by this Receiving District (70O.S. 1-113)?  Yes / No
3. Is this parent/legal guardian requesting this open transfer specifically to a receiving district that provides a SPECIALIZED DEAF EDUCATION PROGRAM?  Yes / No
4. Is this parent/legal guardian requesting this open transfer a member of the active uniformed military services of the United States and on Full-time active duty status or active duty orders?  Yes / No

An Open Transfer may occur outside of statutory time frame with documentation provided when above questions 1, 2 or 3 are "Yes."

Pursuant to the provisions of the statutes of the state of Oklahoma, and the rules and regulations of the State Board of Education, application is hereby made to permit the child listed on this form to transfer from their resident Sending District to the Receiving District as indicated on this form. The parent/guardian applicant verifies by their signature (below) that he/she is the custodial parent or legal guardian of the child/children listed above and hereby acknowledges that if this transfer application is approved, the parent/guardian shall be bound by the Compulsory School Attendance Laws of Oklahoma rules and all regulations of the Receiving District named on this transfer application.

SIGNATURE of the Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Received by district on \_\_\_\_\_ The Receiving District decision must be no later than July 15.

Receiving District Superintendent's Use Only

Approve  Deny  Cancel  Signature \_\_\_\_\_ Date \_\_\_\_\_