



KINGFISHER PUBLIC SCHOOLS

*Making a Difference*

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Date \_\_\_\_\_

Dear Parent or Guardian,

It is the policy of Kingfisher Public Schools to have the authority to **CANCEL ON DEMAND** any transfer for reasons outlined in this policy. This policy must be signed by a parent/guardian and student before your transfer application will be reviewed by appropriate school personnel and at that time. By signing this document, you and your student agree to this policy and its consequences.

The undersigned realizes the following conditions:

- 1) The student has the right by law to attend school in the district where they reside.
- 2) The student desiring to enter Kingfisher Schools has no statutory right to attend this district.
- 3) Kingfisher Schools is not required to accept this transfer application.
- 4) **Kingfisher Schools does not desire to accept a transfer of a student who will detract from the education process of resident students.**

Name of student(s) requesting transfer into the district

\_\_\_\_\_

\_\_\_\_\_

(parent/guardian)	date	(student, if 18 or older)	date
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Transfer Procedures:

1. Parent/Guardian reads and signs this form and completes the transfer application.
2. Review of transfer application by administration and previous school will be notified.
3. Determination of accepting or denying transfer application..

Transfer: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

**Cancel on Demand, p.2**

The undersigned hereby agrees that if Kingfisher Schools approves this transfer allowing the student to enroll in this District, the administration of Kingfisher Schools has the consent of the undersigned to **CANCEL** the transfer during the approved school year if:

- 1) The student fails to comply with student behavior rules set by the District, School, or Teacher.
- 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, lost or damaged property, activity or fundraiser expenses.
- 3) The student does not have a valid excuse for repeated absences or truancy.
- 4) The student detracts from the education process of resident students.
- 5) Falsifying transfer documents or student records.

The undersigned also understands that although the administration will notify the parent or student 18 years 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 has no right to an appeal that the 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 Kingfisher Schools to cancel the transfer, if granted, for reasons stated above.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

**Cancellation Date, (if necessary)** \_\_\_\_\_

by \_\_\_\_\_



**Parent/Guardian's Application for a Student Transfer due to Emergency**  
**Beginning School Year 20\_\_\_\_\_ - 20\_\_\_\_\_**

Instructions: The parent must complete and begin transfer application with the superintendent of the Receiving District. "On an adequate showing of emergency, the superintendent of the receiving school district may make and order a transfer, subject to approval by the State Board of Education." [70 § 8-104]. The Receiving District must submit student transfer applications to the State Department of Education only via the online Wave Student Transfer System. \*Sending District MUST SIGN if application is for Mutual District Consent RFT 05.

No student may be granted more than one *Open Transfer* per school year, but may qualify for additional transfers pursuant to emergency provisions of the Open Transfers Act or a legal change in residence. [OAC 210:10-1-18 (d)]

RECEIVING SCHOOL DISTRICT			
(request transfer to)			
County Number	<input type="text"/>	District Number	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
District Name	_____		
County Name	_____		
SIGNED _____			
<input type="checkbox"/> APPROVE	<input type="checkbox"/> DENY	<input type="checkbox"/> CANCEL	

SENDING SCHOOL DISTRICT			
(transfer from)			
County Number	<input type="text"/>	District Number	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
District Name	_____		
County Name	_____		

Emergency transfers may only be cancelled with the concurrence of the board of the Receiving District and student's parent. OAC 210:10-1-18(g)(2)

**Student Information:** Enter the Grade level for the school year the child will attend if transfer is approved; use EC for any PreK program

(PRINT) First Name	Middle Name	Last Name	Birth Date	Grade	IEP**	Reason***	District Use

\*\*Check (✓) Individualized Education Program (IEP) column if applicable. If this transfer is for a student with a disability being served through an IEP, the IEP and necessary records must be submitted to the Receiving District. Both districts shall maintain such records in accordance with confidentiality regulations, state laws, and federal laws. An IEP Service Agreement does not constitute a transfer under the Open Transfer Act and should not be formalized using a transfer form.

\*\*\***Reason for Transfer (RFT):** The Receiving District must select Reason for Transfer and enter correct code number in column above.

01. Destruction or partial destruction of a school building;
02. Inability to offer the subject a pupil desires to pursue if the pupil becomes a legal resident of a school district after February 1 of the school year immediately prior to the school year for which the pupil is seeking the transfer;
03. Catastrophic medical problem of a student which for purposes of this section shall mean an acute or chronic serious illness, disease, disorder or injury which has a permanently detrimental effect on the body's system or renders the risk unusually hazardous;
04. Total failure of transportation facilities; (school-provided transportation/bus service)
05. Concurrence of both the Receiving District and Sending District and the Sending District Superintendent must sign the application. The Sending District must enter approve or deny **online in the Wave within 10 business days** or an automatic approval will result.  
 \* For RFT 05  Approve / Deny  Sending District Superintendent's SIGNATURE \_\_\_\_\_
06. Unavailability of remote or on-site internet-based instruction (by course title) in the district of residence for a student identified as in need of drop-out recovery or alternative education services, provided such student was enrolled at any time in a public school in this state during the previous three (3) years.
07. Unavailability of a Specialized Deaf Education Program for a student who is deaf or hearing impaired;
08. When a student has been the victim of harassment, intimidation and bullying as defined in Title 70 O.S. § 24-100.3, upon verification by the Receiving District that the student has been the victim of harassment, intimidation or bullying, and that the Sending District was notified of the incident(s) prior to the filing of the application for transfer.

**Parent/Guardian**

01. Are you (parent/guardian) requesting to **CANCEL** a previously approved emergency transfer?  Yes /No
02. 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) Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Residence Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Second Contact Phone \_\_\_\_\_