

# Student Transfer Appeal Form to Local Board of Education



[70 O.S. §8-101.2](#) If a transfer request is denied by the school district, the parent of the student may appeal the denial within ten (10) days of notification of the denial to the receiving school district board of education. The receiving school district board of education shall consider the appeal at its next regularly scheduled board meeting.

## STUDENT INFORMATION

20      - 20  
\_\_\_\_\_  
SCHOOL YEAR

\_\_\_\_\_  
RECEIVING DISTRICT

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
BIRTH DATE (MM/DD/YYYY)

\_\_\_\_\_  
GRADE LEVEL IN TRANSFER YEAR

\_\_\_\_\_  
10-DIGIT STATE ID STATE TESTING NUMBER (STN) OBTAINED FROM YOUR CHILD'S SCHOOL AND STARTS WITH 1-0-0.

Check if the student is currently enrolled in Homeschool/Private School, the student is moving into Oklahoma from another state or country, or the student has never attended a public school in the State of Oklahoma.

## PARENT/REPRESENTATIVE

\_\_\_\_\_  
FIRST AND LAST NAME

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
ALTERNATIVE PHONE

## RECEIVING DISTRICT (TRANSFER TO)

\_\_\_\_\_  
COUNTY NAME

\_\_\_\_\_  
DISTRICT NAME

\_\_\_\_\_  
DATE OF TRANSFER REQUEST DENIAL

\_\_\_\_\_  
DATE OF RECEIVING NOTICE OF DENIAL

## SENDING/RESIDENT DISTRICT (TRANSFER FROM)

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COUNTY NAME

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SITE NAME

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DISTRICT NAME

Please identify the basis for appealing the decision of the Receiving School District.

### **Please attach any documentary evidence that relates to the transfer request and this appeal.**

Pursuant to the provisions of the statutes of the State of Oklahoma, and the rules and regulations of the State Board of Education, this application is hereby made to permit the child listed on this form to transfer to the Receiving District as indicated on this form. The Parent verifies by their signature (below) that they are the custodial parent, legal guardian or foster parent of the child listed above and hereby acknowledges that if this transfer is approved, they shall be bound by the Compulsory School Attendance Laws of Oklahoma rules and all regulations of the Receiving District named on this transfer appeal form. Further, as the Parent of the minor student named above, I acknowledge, agree, understand that pursuant to the Oklahoma Education Open Transfer Act 70, O.S. § 8-101.2, the Receiving District may deny the request for transfer based on a lack of capacity, an incident of student discipline as outlined in 70 O.S. § 24-101.3; and/or as a result of the student have a history of absences, which is defined as ten or more unexcused absences in one semester. 70 O.S. § 8-101(A-B). As such, I hereby authorize the Local Board of Education to access the education records of the student this transfer appeal is submitted on behalf of; provided, however, the authorization to access the education records is limited to those reasonably related and necessary to student discipline and attendance data.

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\_\_\_\_\_  
SIGNATURE OF THE PARENT/GUARDIAN

\_\_\_\_\_  
DATE

Upon receipt of a completed Appeal Form, the appeal will be considered by the Local Board of Education at its next regularly scheduled meeting. You will be notified of the opportunity to appear at this meeting.

Please mail or deliver the completed appeal to your local school board

or via email:

Subject: Local Student Transfer Appeal

To: \_\_\_\_\_

CC: \_\_\_\_\_

Received by \_\_\_\_\_

DISTRICT

at \_\_\_\_\_

TIME

on \_\_\_\_\_

DATE

Approved

Denied