

Navajo Public Schools

ADMINISTRATION

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"Indian Country"

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BOARD OF EDUCATION

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Transfer Enrollment Application for Non-Resident Students

Today's Date: _____ / _____ / _____

_____ Date of Birth: _____ / _____ / _____
Child's name as it appears on his/her birth certificate:

School Year for requested enrollment: _____ Grade: _____ Home-schooled? (Y/N) _____

Current school or most recent school attended: _____ City: _____ State: _____

School Phone Number: _____ Fax: _____

Is special education services pending or currently provided for your child? (IEP, OT, PT, 504 Plan, Speech or other services?) (Y/N) _____

If yes, please explain: _____

Has the student ever repeated a grade level? (Y/N) _____ If so which grade(s)? _____

Medications? _____

Known allergies/physical limitations or needed accommodations: _____

If possible, please provide the following information:

() Record of attendance for the previous or current school year

() Record of grades for the current or previous school year

() Disciplinary records from the current and/or previous school year

Parent(s) signature: _____

Reason for leaving resident school district: _____

Parent(s) home phone and cell phone numbers: _____

Proud Past... Promising Future

Transfer Student Consent to Cancellation of Transfer

The undersigned, who is not a resident of the Navajo School District, recognizes:

1. That the undersigned student has a right by law to attend the school district of residence;
2. That the non-resident student desiring to enroll in the Navajo School District has no statutory right to attend this district;
3. That the district is not required to accept this transfer application; and,
4. That the district does not desire to accept a transfer of a student who will detract from the educational process of resident students or take the place of another transfer applicant who would not detract from that process.

The undersigned hereby agrees that if the District approves a transfer allowing the undersigned student to enroll in this School District, the administration of the District has the consent to the undersigned to cancel the transfer during the approved enrollment 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 and for lost or destroyed school property; or,
3. The student does not have a valid excuse for failure to attend school,
4. Failure to maintain passing grades in subjects required for graduation,
5. Any false or misleading statement or omission of fact, either verbally or written during the application process which would unduly influence the school to accept this transfer will be grounds for an immediate cancellation.

The undersigned also is informed that this consent to cancellation is a necessary component for continued enrollment after transfer acceptance, and thus the consent may not be withdrawn at any time in the future.

The undersigned also understands that although the administration will notify the parent or student 18 years of age 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 will have no right to appeal that 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 district authority to cancel the transfer, if granted, for the reasons stated above.

Signed this ____ day of _____

Signature of parent applying for a transfer

Printed Name of Parent

Signature of Student 18 Years of Age or Older

Printed name of student

TRANSFER REQUEST CHECKLIST

STUDENT'S NAME _____ GRADE _____

DATE OF BIRTH _____

1. ATTENDANCE HISTORY

Absences _____ Tardies _____

COMMENTS:

2. DISCIPLINE REPORTS

1. _____

2. _____

3. _____

COMMENTS:

3. GRADES / TEST SCORES

Report Card: English _____ Math _____ Science _____ History/Social Studies _____

Reading _____

COMMENTS:

4. SPECIAL EDUCATION SERVICES Yes _____ No _____ Disability Category _____

Related Services: _____

IEP Reviewed: _____ Additional Personnel _____

Special Ed. Teacher Caseload: _____

5. PREVIOUS SCHOOL CONTACTED Yes _____ No _____ Name of contact _____

Date ____ / ____ / ____ Time _____

Signature of Evaluator

Date