

**SPECIAL PERMISSION TRANSFER WITHDRAWAL LETTER – FAILURE TO
BENEFIT FROM PROGRAM**

PS 517, L3

School Letterhead

[DATE]

[NAME OF PARENT/GUARDIAN]
[ADDRESS OF PARENT/GUARDIAN]
[CITY, STATE ZIP CODE]

Dear [NAME OF PARENT/ GUARDIAN]:

According to our records, [NAME OF STUDENT] was approved for enrollment in [NAME OF SCHOOL] as a special permission transfer student. This approval was granted in accordance with Board of Education Policy and Superintendent’s Rule 5140, which are enclosed for your review. This policy and rule directs principals to review special permission transfers at the end of the school year. There have been numerous interventions to help [NAME OF STUDENT] to meet the conditions for a special permission transfer under Policy and Rule 5140 as outline in the *Contract for Special Permission Transfer Students*. [NAME OF STUDENT] has failed to meet the conditions of the contract as follows:

- _____ Attendance/Tardiness
Your child has [NUMBER] absences and has been late [NUMBER] times this year.
- _____ Discipline
Your child has been suspended [NUMBER] times this year or been suspended to the superintendent’s designee resulting in disciplinary action.
- _____ Academics
Your child has failed more subjects than he/she has passed this year.
- _____ Reason for the transfer approval has ceased to exist.
- _____ Magnet programs
Your child has withdrawn from the magnet program in our school.

Therefore, [NAME OF STUDENT] will be withdrawn on [LAST DAY OF SCHOOL].

Please return all school property, including textbooks and instructional materials, and collect all personal belongings prior to [DATE OF LAST DAY OF SCHOOL]. In accordance with the State’s compulsory attendance laws, you should take immediate steps to enroll your child in a school that serves the area where you are domiciled. Please be aware that Rule 5140 states, “Students must enroll in and attend their home school while a transfer request is being processed.”

Please be advised that you have the right to appeal the decision set forth in this letter. Should you wish to do so, you must submit your appeal in writing within ten (10) school days of the date of this letter to the residency liaison, Office of Pupil Personnel Services, 9610 Pulaski Park Drive, Suite, 219, Baltimore, Maryland 21220.

Sincerely,

Principal

Enclosures [BOARD OF EDUCATION POLICY AND SUPERINTENDENT’S RULE 5140]

- c: [NAME OF RESIDENCY LIAISON], Residency Liaison, Office of Pupil Personnel Services
[NAME OF PUPIL PERSONNEL WORKER], Pupil Personnel Worker
[NAME OF RESIDENCY ASSISTANT], Residency Assistant
File