



BALTIMORE COUNTY PUBLIC SCHOOLS

Application for Special Permission Transfer, K-12

Office Use Only		
Date Received	Time Received	Initials

INSTRUCTIONS: Read carefully Superintendent’s Rule 5140, *Assignment and/or Special Permission Transfer*, **before** completing this form. Applications for the next school year must be received between **April 1 and June 1**, except for magnet school applicants. (**Magnet applicants** must submit this application in its entirety according to guidelines established by Superintendent’s Rule 6400, *Magnet Programs*)

PART I: SCHOOL TRANSFER REQUEST

Student’s Last Name	First	Birthdate (MM-DD-YYYY)	<input type="checkbox"/> Female <input type="checkbox"/> Male	Current Grade ____
School Currently Attending		Assigned Home School		
Requested School		Requested School Year: 20__ - 20__	Requested Grade	
Mother’s/Guardian’s Name	Home Phone	Work Phone	Cell Phone	
Father’s/Guardian’s Name	Home Phone	Work Phone	Cell Phone	
Parent/Guardian Home Address (where student is residing)		City	State	Zip Code
Choose the reason for which you are requesting a Special Permission Transfer (See Rule 5140): <input type="checkbox"/> Terminal Grade <input type="checkbox"/> Child of an Employee <input type="checkbox"/> Program of Study <input type="checkbox"/> Boundary Change (Currently Enrolled Student or Sibling Only) <input type="checkbox"/> Change in Residence <input type="checkbox"/> Sibling of a Currently Enrolled Student <input type="checkbox"/> Child Care: <i>(Complete Information Below)</i> Name of Provider: _____ Provider’s Address: _____ Provider’s Telephone No.: _____				

PART II: PARENT AGREEMENT

By initialing here, I understand that I am responsible for providing transportation to and from the requested school, unless the student can be accommodated by existing bus routes/bus stops. In such instances I understand that I am responsible for providing transportation to and from the existing bus stop.		Parent/Guardian Initials
I hereby certify that I am the parent or legal guardian of the student, that I have authority as such to make education decisions for the student that I have read and that I understand Policy and Rule 5140, and that the information provided above is true and correct to the best of my information, knowledge, and belief. I hereby authorize BCPS officials to verify the information provided. I understand and agree that, if false information is provided, the transfer will be denied or revoked and that my child may be withdrawn.	Name of Parent/Guardian (please print)	Application Date
	Signature of Parent/Guardian	

➤ **Submit this application to: Principal of school where student is seeking enrollment**

PART III: DECISION

DECISION – YOUR APPLICATION HAS BEEN: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED			
For Office Use Only	Reason(s) for Denial:	<input type="checkbox"/> Overcrowded school	<input type="checkbox"/> Requested school is a new school in first year of operation
		<input type="checkbox"/> Overcrowded program <input type="checkbox"/> Reason inconsistent with policy/rule <input type="checkbox"/> Lack of appropriate documentation <input type="checkbox"/> Application late/no documented emergency	<input type="checkbox"/> Requested school is in first year of boundary change <input type="checkbox"/> Requested school is closed school
Signature of Receiving Principal			Date

PART IV: APPEALS

Appeals must be made in writing within **fifteen (15) business days** of the date of the denial and filed with the **Executive Director, Department of Academic Services, Baltimore County Public Schools, Jefferson Building, 105 W. Chesapeake Ave. (Fourth Floor), Towson, MD 21204**. A copy of this *Application for Special Permission Transfer*, signed by the Principal/Principal’s Designee along with any supporting documentation, must accompany your appeal.

Original: parent/guardian // **Copies:** (1) receiving school principal; (2) home school principal; (3) executive director, Department of Academic Services; (4) student’s official school record