



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)	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 domiciled)		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 Care: (Complete information below) |
| <input type="checkbox"/> Program of Study or Specific Course | <input type="checkbox"/> Child of Employee |
| <input type="checkbox"/> Change in Residency | <input type="checkbox"/> Boundary Change (Currently enrolled student or sibling only) |
| <input type="checkbox"/> Change of Residence during the school year (Until completion of school year only) | <input type="checkbox"/> Sibling of a Currently Enrolled Student |
| <input type="checkbox"/> Change in residence on or before November 1 | |

For child care request, please complete the following:

Name of Day Care Provider: _____ Address: _____ Phone: _____

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.	Name of Parent/Guardian (please print)	Application Date
	Signature of Parent/Guardian	
I understand and agree that, if false information is provided, the transfer will be denied or revoked and that my child may be withdrawn.		

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

PART III: DECISION

DECISION – YOUR APPLICATION HAS BEEN: **APPROVED** **DENIED**

For Office Use Only	Reason(s) for Denial:	<input type="checkbox"/> Overcrowded school	<input type="checkbox"/> Application late/no documented emergency
		<input type="checkbox"/> Overcrowded program of study or course	<input type="checkbox"/> Requested school is a new school in first year of operation
		<input type="checkbox"/> Overcrowded grade level	<input type="checkbox"/> Requested school is in first year of boundary change
		<input type="checkbox"/> Reason inconsistent with policy/rule	<input type="checkbox"/> Requested school is closed school
		<input type="checkbox"/> Lack of appropriate documentation	

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 West Chesapeake Avenue, (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