



BALTIMORE COUNTY PUBLIC SCHOOLS

APPLICATION FOR SPECIAL PERMISSION TRANSFER FOR MEDICAL/STUDENT ADJUSTMENT (K-12)

For 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.

NOTE: Detailed documentation from the student’s medical or mental health provider (e.g., from physicians, psychologists, social workers, or counselors) that demonstrates exceptional hardship for reasons of medical, emotional, or social adjustment in support of the special permission transfer is required and must be attached to this form.

Applications for the next school year must be received between **April 1 and June 1**.

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 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

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
<p><i>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, including directly consulting with medical or mental health providers for medical or mental health adjustments.</i></p> <p><i>I understand and agree that, if false information is provided, the transfer will be denied or revoked and that my child may be withdrawn.</i></p>	Name of Parent/Guardian (please print)	Application Date
	Signature of Parent/Guardian	

➤ **Submit this application to: Director of Student Support Services, Baltimore County Public Schools, Jefferson Building, 105 West Chesapeake Ave. (Lower Level), Towson, MD 21204.**

PART III: DECISION

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

ASSIGNED SCHOOL: _____

For Office Use Only	Reason(s) for Denial:	<input type="checkbox"/> Reason inconsistent with policy/rule
		<input type="checkbox"/> Lack of appropriate documentation
		<input type="checkbox"/> Application late/no documentation

Signature of DIRECTOR/DESIGNEE	Date
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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, Jefferson Building, 105 W. Chesapeake Ave. (Fourth Floor), Towson, MD 21204**. A copy of this *Application for Special Permission Transfer for Medical/Student Adjustment (K-12)*, signed by the Director, along with any supporting documentation, must accompany your appeal.

Original: parent/guardian // **Copies:** (1) director, Student Support Services (2) receiving school principal; (3) home school principal; (4) executive director, Department of Academic Services; (5) student’s official school record.