



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and agree that, if false information is provided, the transfer will be denied or revoked and that my child may be withdrawn.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

➤ **Submit this application to: Director of School Climate, Baltimore County Public Schools, Jefferson Building, 105 West Chesapeake Avenue (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 _____

PART IV: APPEALS

An appeal of a denial 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.

* An approved application decision is not subject to appeal.

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