

FOR RECEIVING SCHOOL USE ONLY: Date Application Received _____ Application Received By _____

BALTIMORE COUNTY PUBLIC SCHOOLS

Application for Special Permission Transfer, K-12

INSTRUCTIONS: Read carefully the information provided in the attached Policy/Rule 5140 before completing this form. The transfer request application for the next school year must be submitted between April 1 and June 1 except for Magnet and Title I applicants. Magnet applicants must submit this application in its entirety according to guidelines established by Policy and Rule 6400. Title I applicants must submit requests according to the guidelines established by the Title I public school transfer option procedures and submit the application to the receiving school principal.

PART I: SCHOOL TRANSFER REQUEST

Name of Student: _____ Date of Birth: _____

School Currently Attending: _____ Current Grade: _____

Home School According to Residence: _____

Name of Parent/Guardian: Dr. [] Mr. [] Mrs. [] Ms. [] Miss [] _____

Address: _____

City/State: _____ Zip Code: _____

Telephone Number: (Home) _____ (Work) _____ (Other) _____

Requested School: _____ Requested School Year: 20__ - 20__ Requested Grade: _____

Reason(s) for Request: Refer to Rule 5140 and check box(es) below:

- [] Terminal grade
[] Program of study
[] Medical/student adjustment (must be accompanied by documentation from medical or mental health provider)
[] Change of residence from attendance area (only when a family moves during a current school year and lasts only until the end of that marking period)
[] Change of residence to attendance area by November 1st
[] Siblings
[] Family conditions
[] Child of an employee
[] Childcare (the following information must be provided):

Name of daycare provider/agency: _____

Address: _____ Telephone: _____

Days and times supervision is provided: _____ Signature of daycare provider: _____

Additional explanation (attach separate sheet if more space is needed): _____

I have received and read the information in Policy and Rule 5140. I understand that, unless otherwise indicated, if the transfer request is approved, transportation is not provided by BCPS. I understand that providing false information may result in tuition charges and the withdrawal of my child from school.

Signature of Parent/Guardian: _____ Date: _____

PART II: TRANSFER REVIEW/DECISION (To be completed by Receiving School Principal)

Approved Denied

Reasons for Denial: (Circle all spaces that apply)

- A. Overcrowded conditions C. Lack of appropriate documentation
B. Reasons inconsistent with policy and rule D. Application late/no unforeseen emergency

Signature of Receiving School Principal: _____ Date: _____

APPEALS: Must be made in writing, including all documentation and a copy of this application signed by the receiving school principal, to the executive director of Student Support Services, Baltimore County Public Schools, 9610 Pulaski Park Drive, Suite 219, Baltimore, Maryland 21220, within ten (10) school days of the date of decision.