

<b>Transfers Pursuant to the Deployed Parents School Act of 2013</b>	<b>F.11</b>
<i>Adopted: November 12, 2013</i>	

The district will grant a transfer to a student of a military family if the following criteria are met:

1. Oklahoma is the home state of record for the student; and
2. The student’s parent is a member of the active U.S. uniformed military service on full-time active duty; *or* the parent is a member of the military reserves on active duty; and
3. At least 1 parent has a Department of Defense issued ID card; and
4. At least 1 parent provides evidence that he/she will be on active duty status or orders for at least 30 consecutive days; and
5. The student will be living with a relative residing in the district or moving into the district within 6 months of the application.

In order to be granted a transfer pursuant to the Deployed Parents School Act of 2013 (“Act”), a student/parent must submit a completed application form with supporting documentation. The superintendent is authorized to approve such transfers on behalf of the board of education and to notify the board at the next regularly scheduled meeting that a transfer pursuant to the Act was accepted.

In lieu of applying for a transfer under the Act, students of military families may also establish residency in the district and enroll in the district as outlined in the district’s residency policy.

**APPLICATION FOR TRANSFER UNDER THE  
DEPLOYED PARENTS SCHOOL ACT OF 2013**

1. Full name of student as it appears on the student's birth certificate:  
\_\_\_\_\_
2. Date of student's birth: \_\_\_\_\_
3. Current address of student: \_\_\_\_\_
4. Full name(s) of student's parent(s): \_\_\_\_\_
5. Name of parent on active duty (copy of Department of Defense ID card required):  
\_\_\_\_\_
6. Full name of student's custodian(s) during parent's active duty:  
\_\_\_\_\_
7. Address of custodian(s):  
\_\_\_\_\_
8. Period of parent's active duty (copy of orders required):  
\_\_\_\_\_
9. School district in which student currently resides: \_\_\_\_\_
10. School district which student attends, if different from above: \_\_\_\_\_
11. Current or last completed grade of student: \_\_\_\_\_
12. Grade in which the student desires to enroll: \_\_\_\_\_
13. Courses in which the student desires to enroll in each semester in the coming school year:  
\_\_\_\_\_  
\_\_\_\_\_
14. If the student has been identified as a child with a disability, this district will need to review all such records to implement the student's current or anticipated Individualized Education Program (IEP) and conduct the statutorily-required joint IEP conference with the resident school district. Is the student currently, or has the student been, a child with a disability who received an IEP?  
  
Yes    \_\_\_\_\_                      No    \_\_\_\_\_  
  
If Yes: Briefly describe the nature of the disability; the approximate time period in which the student has been, or was, under an IEP; and the names of the school districts which implemented the student's IEP:  
  
\_\_\_\_\_  
\_\_\_\_\_
15. Do you agree to complete the Consent for Release of Confidential Information, allowing this district to review all educational records of the student from all previous schools attended by the student?  
  
Yes    \_\_\_\_\_                      No    \_\_\_\_\_