



BALTIMORE COUNTY PUBLIC SCHOOLS
Application for Special Permission Transfer, K-12

Office Use Only		
Date Received	Time Received	Initials
_____	_____	_____

INSTRUCTIONS: Carefully read 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		Student’s First Name		Birthdate (mm-dd-yyyy)	
School Currently Attending		Assigned Home School		Current Grade	
Requested School			Requested School Year: 20__ - 20__		Requested Grade
Mother/Guardian Name		Home Phone		Work Phone	
Father/Guardian Name		Home Phone		Work 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 (§III(E)(1)) <input type="checkbox"/> Program of Study (§III(E)(2)) <input type="checkbox"/> Student has moved from one school attendance area to a different attendance area in Baltimore County during the school year. (Until completion of school year only.) (§III(E)(3)(a)) <input type="checkbox"/> Student plans to move from one attendance area to a different attendance area on or before November 1 of the current school year. (§III(E)(3)(b)) <input type="checkbox"/> Child of an Employee (§III(E)(4))	<input type="checkbox"/> Child Care (§III(E)(5)) The following information for the child care provider is required: Care Provider’s Name: _____ Home/Business Address: _____ City/Zip Code: _____ Telephone No.: _____ <input type="checkbox"/> Boundary Change (Currently enrolled student or sibling only) (§III(E)(6)) <input type="checkbox"/> Sibling of a Currently Enrolled Student (§III(E)(7))
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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>I hereby certify that I am the parent or legal guardian of the student, that I have authority as such to make educational 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.</i>		Name of Parent/Guardian (please print)
<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>		Application Date
Signature of Parent/Guardian		

➤ **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/student enrollment	<input type="checkbox"/> Application late/no documented emergency
		<input type="checkbox"/> Overcrowded school/class size of requested grade	<input type="checkbox"/> Requested school is a new school in first year of operation
		<input type="checkbox"/> Overcrowded school/program of study enrollment	<input type="checkbox"/> Requested school is in first year of boundary change
		<input type="checkbox"/> Reason inconsistent with policy/rule	
		<input type="checkbox"/> Lack of appropriate documentation	

Signature of Receiving Principal:	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, Social-Emotional Support, c/o Residency Liaison, Baltimore County Public Schools, Cockeysville Middle School, 10401 Greenside Drive, Cockeysville, MD 21030**. 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) Executive Director, Social-Emotional Support; (2) home school principal; (3) receiving school principal; (4) student’s official school record.