Soper Public School
903 St. Louis
Soper, OK 74759
Email to return application:
cassie.campbell@soper.k12.ok.us

# STUDENT TRANSFER APPLICATION

Note: This is an application ONLY. This document states that you express interest in enrolling your child in Soper Public School. This form DOES NOT constitute enrollment. School administrators will review applications in order received and notify parents of approval or denial. Thank you for your interest, and we hope to accommodate your child's educational needs!

## Student Information

Student Full Name: _____

Date of Birth: ____ / ____ / ______

Gender: □ Male □ Female

Grade Applying For: _____

Current Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

## Parent / Guardian Information

Mother/Legal Guardian Name: _____ Phone: _____

Father/Legal Guardian Name: _____ Phone: _____

## Previous School Information

School Last Attended: _____

Town / District Located In: _____

## Special Services & Legal Requirements (Oklahoma)

Please check all that apply:
Individualized Education Plan (IEP) / Special Services
□ Student has an IEP
□ Student has a 504 Plan
□ Student receives Speech Services
□ Student receives OT / PT
□ None of the above

## Parents must answer all questions:

Has the student been suspended (in-school or out-of-school) in the last 12 months?
□ Yes □ No
Has the student been expelled from any school district within the last 24 months?
□ Yes □ No
Is the student currently under any disciplinary action or pending disciplinary investigation?
□ Yes □ No

## Attendance Expectations

Transfer approval may be revoked for excessive absences or discipline issues.
Initial here: _____

## Parent/Guardian Certification

I hereby certify all information provided is true and complete. I understand falsifying information may result in the denial or revocation of this transfer.

Parent/Guardian Signature: _____

Date: ____ / ____ / ______

## For District Use Only

Date Received: ____ / ____ / ______ Administrator Signature: _____