



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

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. 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	First	Birthdate (MM-DD-YYYY)	Current Grade ____
School Currently Attending		Assigned Home School	
Requested 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 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                                                                    | <input type="checkbox"/> Child Care: (Complete information below)                     |
| <input type="checkbox"/> Program of Study or Specific Course                                               | <input type="checkbox"/> Child of Employee                                            |
| <input type="checkbox"/> Change in Residency                                                               | <input type="checkbox"/> Boundary Change (Currently enrolled student or sibling only) |
| <input type="checkbox"/> Change of Residence during the school year (Until completion of school year only) | <input type="checkbox"/> Sibling of a Currently Enrolled Student                      |
| <input type="checkbox"/> Change in residence on or before November 1                                       |                                                                                       |

For child care request, please complete the following:

Name of Day Care Provider: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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and agree that, if false information is provided, the transfer will be denied or revoked and that my child may be withdrawn.		

➤ **Submit this application to: Principal of school where student is seeking enrollment.**

**PART III: DECISION**

**DECISION – YOUR APPLICATION HAS BEEN:**     **APPROVED**     **DENIED**

<b>For Office Use Only</b>	<b>Reason(s) for Denial:</b>	<input type="checkbox"/> Overcrowded school	<input type="checkbox"/> Application late/no documented emergency
		<input type="checkbox"/> Overcrowded program of study or course	<input type="checkbox"/> Requested school is a new school in first year of operation
		<input type="checkbox"/> Overcrowded grade level	<input type="checkbox"/> Requested school is in first year of boundary change
		<input type="checkbox"/> Reason inconsistent with policy/rule	<input type="checkbox"/> Requested school is closed school
		<input type="checkbox"/> Lack of appropriate documentation	

Signature of Receiving Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**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, Department of Academic Services, Baltimore County Public Schools, Jefferson Building, 105 West Chesapeake Avenue, (Fourth Floor), Towson, MD 21204**. 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) receiving school principal; (2) home school principal; (3) executive director, Department of Academic Services; (4) student’s official school record