

PLEASE FILL OUT THE HIGHLIGHTED PORTION OF BOTH FORMS RULE 5140, FORM A



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: 2020__ - 2021__	Requested Grade	
Mother/Guardian Name	Home Phone	Work Phone	Cell Phone
Father/Guardian 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 (§III(E)(1)) <input type="checkbox"/> Program of Study (§III(E)(2)) MAGNET PROGRAM <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))

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and agree that, if false information is provided, the transfer will be denied or revoked and that my child may be withdrawn.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

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

PART III: DECISION	
DECISION – YOUR APPLICATION HAS BEEN: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
For Office Use Only Reason(s) for Denial: <input type="checkbox"/> Overcrowded school/student enrollment <input type="checkbox"/> Overcrowded school/class size of requested grade <input type="checkbox"/> Overcrowded school/program of study enrollment <input type="checkbox"/> Reason inconsistent with policy/rule <input type="checkbox"/> Lack of appropriate documentation	<input type="checkbox"/> Application late/no documented emergency <input type="checkbox"/> Requested school is a new school in first year of operation <input type="checkbox"/> Requested school is in first year of boundary change

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 <i>Application for Special Permission Transfer</i> , 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.	



BALTIMORE COUNTY PUBLIC SCHOOLS
Student Contract for Special Permission Transfer

INSTRUCTIONS: Read the *Student Contract* carefully. Complete the form, sign where indicated, and return the completed *Student Contract* to the principal of the school where the student has been approved to attend. A student will not be enrolled in the school until the *Student Contract* is received.

PART I: To be completed by parent

Student's Last Name	First	Current Grade
Requested School	Requested School Year: 20__ - 20__	Requested Grade

PART II: Student Contract Responsibilities

Any student who is granted a special permission transfer shall adhere to the following requirements, or may be subject to withdrawal from the school at the end of the school year.

I, the student, shall:

1. Maintain satisfactory behavior and adhere to the Student Code of Conduct.
2. Maintain an attendance rate of 94% or more.
3. Maintain a tardiness rate of no more than 6%.
4. Have no more than three (3) suspensions, including in-school suspensions, out of school suspensions, or suspensions to the pupil personnel worker.
5. Have no suspension to the superintendent's designee which results in disciplinary action.
6. Have a final report card that meets the following grading criteria:
 - a. High School Student – Maintain a 2.0 GPA with no more than one failing grade and pass my program of study.
 - b. Middle School Student – Maintain a “C” average with no more than one failing grade.
 - c. Elementary School Student (Grades 3-5) – Maintain a “C” average with no more than one failing grade.

I also understand that I may be withdrawn from school at the end of the school year under the following conditions.

7. There has been a change in reason for which the special permission transfer was granted.
8. I have withdrawn from a magnet program within a comprehensive school that is not my assigned school.

PART III: Student Agreement

I have received a copy of Board Policy and Superintendent's Rule 5140, *Assignment and/or Special Permission Transfer*, and agree to comply with the responsibilities outlined above and understand that I may be withdrawn from the school for any of the reasons stated above.

 Student Signature

 Date

PART IV: Parent Agreement

I certify that I am the parent and legal guardian of the student, that I have read and that I understand the above requirements, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

 Parent/Guardian Signature

 Date

Original: receiving school principal // **Copies:** (1) parent/guardian; (2) student's official school record