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Nicoma Park Middle School

“Expect Excellence”

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PARENTAL REQUEST FOR STUDENT IN-DISTRICT TRANSFER

Date: _____ **School Year Requesting Transfer For:** _____

I am requesting an in-district transfer for my child listed below:

Child’s Name: _____ (Complete one form per child)

Grade level for the school year listed above: _____

Applying to transfer from the following CNP school:

Applying to transfer to the following school: Nicoma Park Middle School

My reason for making this request is as follows:

I understand that consideration of my request will be in accordance with Board of Education policy and that approval may or may not be granted. Further, I understand and agree that as a condition for approval, I will provide transportation to and from school for my child. My child will be allowed to attend as long as he/she meets the administration’s satisfactory approval in the areas of attendance and behavior. I understand that Nicoma Park Middle School Administration may revoke this transfer if it is deemed by an administrator that my child is not meeting expectations in one or more of the areas stated.

Parent Signature: _____

Parent Phone Number: _____

Parent or Guardian Name: _____

Principal Approval Date

Principal Denial Date