



**SUBURBAN-URBAN TRANSFER PROGRAM
PUPIL APPLICATION FORM**
Please print clearly
APPLICATION DEADLINE: July 31, 2016



STUDENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

D.O.B: ___/___/___ Current Grade _____ Current School _____

Please select one or more: American Indian or Alaska Native _____, Asian _____, Black or African American _____, Caucasian _____, Hispanic/Latino _____, Native Hawaiian or other Pacific Islander _____.

PARENT(S) or GUARDIAN(S):

Parent/Guardian Name: _____

Home Address: _____ Zip: _____

Home/Cell #: _____ Work #: _____ Emergency #: _____

Are you the custodial parent or guardian of the applicant? _____ Does your child receive Free or Reduced Lunch? _____

The Rochester City School District has openings for students in the following schools/programs* (please check the schools/programs of interest):

East High School _____

Edison Career and Technology High School _____

P-TECH Rochester _____

*Please note openings may be limited based on program availability.

I _____, the parent of _____ give permission for the Suburban-Urban Program to obtain information, including special education reports, if applicable, and to receive the copies of my child's cumulative record. I understand that this information will be used to determine possible placement in one of the above schools/programs in the Rochester City School District. I also understand that a screening for my son/daughter named above is part of the application process for participation in the Suburban-Urban Program, and does not mean that he/she is or will be accepted into the program. I also agree that upon acceptance into the Program, all sending school districts may share my child's educational information with the Program and RCSD. In addition, I acknowledge that my child's data may be used in conjunction with a research and planning study being conducted by the University of Rochester on behalf of the Suburban-Urban Program. I understand that all information provided to the researchers will be kept confidential and will be used only for research purposes and that no individual will be identified in any materials resulting from the research.

I have answered the above questions to the best of my ability. **I understand that any falsification/alteration and/or withholding of data may be reason for termination of my child's application from the placement process.** The final decision on placement remains with the Rochester City School District.

Parent or Legal Guardian Signature

Date

Please Mail to: Urban-Suburban Program, 11 Linden Park, Rochester, New York 14625

URBAN-SUBURBAN INTERDISTRICT TRANSFER PROGRAM

Monroe #1 BOCES
11 Linden Park
Rochester, NY 14526

Phone: 585-249-7045
Fax: 585-249-7044

Theresa J. Woodson, *Program Director*
Felicia A. Smith, *Community Liaison*
TaShonda Jefferson, *Community Liaison*

