

ROCHESTER CITY SCHOOL DISTRICT

Parent ID _____

POA: _____

To: Office of Student Placement and Equity

Date of Request: _____

Secondary
Student Transfer Form

Student Name: _____ Student ID: _____
(Please Print)

Current School: _____

Grade: _____ Cohort: _____ Total Credits: _____

Receives Special Education Services: No _____ Yes _____ Program: _____

Receives ENL Services: No _____ Yes _____ Program: _____

Guardian Name: _____ Phone Number: _____
(Please Print)

Reason for Transfer Request

Please select from the following options:

<input type="checkbox"/> Safety <input type="checkbox"/> Medical <input type="checkbox"/> Hardship <i>*Must include supporting Document</i>	<input type="checkbox"/> School or Program Change <i>Complete before July 1st, 2019-20, per District Policy</i>
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Parent Consent:

Due Process Statement

Transfers of non-handicapped students from either a program or a school within the City School District may only be done by a voluntary transfer basis or as a result of a suspension hearing. A transfer will be deemed voluntary when there is written consent to that transfer and a written waiver of rights under Education Law 3214(5) by the parent or legal guardian and student. Such consent and waiver shall be obtained only after a conference with the student and parent or legal guardian.

_____ I have read and understand the statement above and consent to this transfer.

Signature of Student _____

_____ I have read and understand above statement and consent to this transfer.

Signature of Parent/Guardian _____

Address _____ Telephone _____

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Be considered for a transfer to the following schools:

1. _____ 3. _____
2. _____ 4. _____

Check here if sibling attends any of the requested schools. Yes _____ No _____
Name of Sibling: _____ DOB: _____ School: _____

Reason for transfer request:

Principal Statement:

I/My Designee _____ have discussed the request for transfer of this student with the Parent/Guardian and student conference on _____ (Date). I have confirmed the Parent/Guardian’s identification as being the guardian of record for this student and their address. I explained to both parent and student their rights pursuant to Education Law 3214 (5)

Include the following supporting documentation:

- o Attendance _____
- o Report Card and Transcript (if applicable) _____
- o Schedule _____

If transfer is for safety include additional documents below:

- o Behavior log _____
- o Police Report (not required) _____
- o Conferences and Meditations _____

Principal/Designee Signature _____

Student Equity Action:

Approved by: _____

Denied by: _____

Reason: _____

Date received: _____

Effective date of transfer: _____

Transferred to: _____