

ROCHESTER CITY SCHOOL DISTRICT
Elementary Grades Transfer Request 2019-20: Northeast Zone

Parent ID _____
To: **Office of Student Equity and Placement**

Proof of Address: _____
Date of Request: _____

STUDENT NAME: _____ ID #: _____

DOB: _____ 2019-20 GRADE LEVEL: _____ CURRENT SCHOOL: _____

Receives Special Education Services: No _____ Yes _____ Program: _____
English Language Learner/ Bilingual Student: No _____ Yes _____ Program: _____

ADDRESS _____ ZIP _____

Home Phone _____ Cell Phone _____ Email Address _____

*Program requests may be submitted at any time of the year. Please select **one school** which you want your child to attend. The school must be in your zone of residence or a citywide school. Please include why this school would benefit your child.*

Safety Medical Hardship

School or Program Transfer

**Must include supporting documentation.*

Complete before July 1st, for 2019-20, per District Policy.

Please circle the school you are interested in:

Northeast Zone Schools

- | | |
|-----------------------|--------------------------------|
| #8 Roberto Clemente | #9 Dr. Martin Luther King, Jr. |
| #22 Abraham Lincoln | #25 Nathaniel Hawthorne |
| #28 Henry Hudson | #33 John James Audubon |
| #39 Andrew J. Townson | #45 Mary McLeod Bethune |
| #46 Charles Carroll | #50 Helen Barrett Montgomery |
| #52 Frank Fowler Dow | |

Citywide Schools

- #10 Dr. Walter Cooper Academy
- #15 Children's School of Rochester
- #20 Henry Lomb
- #53 Montessori Academy
- #54 Flower City School
- #57 Early Childhood School
- #58 World of Inquiry
- #68 Wilson Foundation

Name(s) of any siblings attending requested school: _____ *Please describe why this school/ program will benefit your child.*

.I understand that this transfer will be granted based on space and program availability.

Signature of Parent/Guardian: _____ Print: _____

District Representative's Confirmation: I have discussed the transfer of this student with the Parent/Guardian on _____(Date). I have confirmed the Parent/Guardian's identification as being the guardian of record for this child and their address. I have explained to the Parent/Guardian their child's rights pursuant to Education Law 3214(5).

Include the following supporting documentation:

_____ Written documentation from the school administrator _____ Behavior Log _____ Attendance Records
_____ Conference & Mediation documentation _____ Last Report Card _____ Doctor's note (optional)

Signature: _____ Title: _____

<p>Student Equity Action: Accepted / Declined (circle) Reason: _____ School Assigned: _____ Effective Date of Transfer: _____ SEP Representative: _____ Date: _____ Rev 10.23.18</p>
