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: _____
<p align="center">(Please Print)</p>

Current School: _____

Grade: _____   Cohort: _____   Total Credits: _____

Receives Special Education Services: No_____   Yes_____   Program: _____

Receives ENL Services: No _____ Yes _____   Program: _____

Guardian Name: _____ Phone Number: _____
<p align="center">(Please Print)</p>

<p align="center">Reason for Transfer Request</p>

Please select from the following options:

____ Safety ____ Medical ____ Hardship	**____ School or Program Change**
Must include supporting Document	*Complete before July 1st, 2020-21, per District Policy*

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_____

7/6/2020

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:

- ○ Attendance _____
- ○ Report Card and Transcript (if applicable) _____
- ○ Schedule _____
  If transfer is for safety include additional documents below:
- ○ Behavior log _____
- ○ Police Report (not required)_____
- ○ Conferences and Meditations_____

Principal/Designee Signature _____

Student Equity Action: Date received: _____

Approved by: _____   Effective date of transfer: _____

Denied by: _____   Transferred to: _____

Reason: _____

7/6/2020