

**ROCHESTER CITY SCHOOL DISTRICT**  
**Elementary Grades Transfer Request 2021-22: Northwest Zone**

Parent ID \_\_\_\_\_  
To: **Office of Student Equity and Placement**

Proof of Address: \_\_\_\_\_  
Date of Request: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

DOB: \_\_\_\_\_ 2021-22 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 transfers 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 Change** \_\_\_  
*Must include supporting document. Complete before July 1, for 2021-22, per District Policy.*

*Please circle the school you are interested in.*

**Northwest Zone Schools**

#5 John Williams  
#7 Virgil I Grissom  
#17 Enrico Fermi  
#34 Louis A Cerulli  
#42 Abelard Reynolds  
Rise Community School

**Citywide Schools**

#10 Dr. Walter Cooper Academy  
#15 Children's School of Rochester  
#53 Montessori Academy  
#54 The Flower City 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: \_\_\_\_\_

**Student Equity Action:**

Accepted / Declined (circle)    Reason: \_\_\_\_\_

School Assigned: \_\_\_\_\_ Effective Date of Transfer: \_\_\_\_\_

SEP Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Rev 03.30.21