

ROCHESTER CITY SCHOOL DISTRICT
Elementary Grades Transfer Request 2020-21: South Zone

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

Proof of Address: _____
Date of Request: _____

STUDENT NAME: _____ ID #: _____

DOB: _____ 2020-21 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**
**Must include supporting documentation.*

School or Program transfer
Complete for 2020-21 before July 1st per District Policy.

Please circle the school you are interested in:

South Zone Schools

- #2 Clara Barton
- #4 George Mather Forbes
- #16 John Walter Spencer
- #23 Francis Parker
- #35 Pinnacle
- #12 James PB Duffy
- #19 Dr. Charles T Lunsford
- #29 Adlai E Stevenson

Citywide Schools

- #10 Dr. Walter Cooper Academy
- #15 Children's School of Rochester
- #53 Montessori Academy
- #54 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 06.30.20