

**ROCHESTER CITY SCHOOL DISTRICT**  
**Elementary Grades Transfer Request 2020-21: Northeast 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 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**

*\*Must include supporting documentation.*

**School or Program Transfer**

*Complete before July 1<sup>st</sup>, for 2020-21, 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
- #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: \_\_\_\_\_

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