

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

Parent ID \_\_\_\_\_

Proof of Address: \_\_\_\_\_

To: **Office of Student Equity and Placement**

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 document.*

       **School or Program Change**

*Complete before July 1<sup>st</sup>, for 2020-21, 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

**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 06.30.20