

**ROCHESTER CITY SCHOOL DISTRICT**  
**Elementary Grades Transfer Request 2021-22: South 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**  
*\*Must include supporting documentation.*

**School or Program transfer**  
*Complete for 2021-22 before July 1<sup>st</sup> 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: \_\_\_\_\_

<b>Student Equity Action:</b>	
Accepted / Declined (circle)	Reason: _____
School Assigned: _____	Effective Date of Transfer: _____
SEP Representative: _____	Date: _____ Rev 06.30.20