



SOUTH ZONE

**ROCHESTER CITY SCHOOL DISTRICT
Grades K-6 Transfer Request 2022-23**

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

Date of Request: _____

Please check **ONE** box **AND** include all required documentation. **Incomplete packets will be denied and returned.**

Safety * MUST include documentation on page 3	Medical/Hardship * MUST include documentation on page 3	Voluntary Open May 1, 2022 through Sept 30, 2022. MUST be in your zone of residence or a citywide. No additional documentation required.
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Student Name:	ID #:	Date of Birth:
Current School:	Current Grade Level:	

Parent/Guardian Name:	Phone Number:
Address:	Email:

Please rank your **top 3** choices:

South Zone Schools		
___ #2 Clara Barton	___ #4 George Mather Forbes	___ #12 Anna Murray-Douglass
___ #16 John Walter Spencer	___ #19 Dr. Charles T. Lunsford	___ #23 Francis Parker
___ #29 Adlai E. Stevenson	___ #35 Pinnacle	
Citywide Schools		
___ #10 Dr. Walter Copper Academy	___ #15 Children’s School of Rochester	
___ #53 Montessori Academy	___ #58 World of Inquiry	___ #68 Wilson Foundation

Are there siblings currently attending any of the requested schools above?		YES or NO
Name of Sibling:	Date of Birth:	School Attending:
Name of Sibling:	Date of Birth:	School Attending:



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Parent statement to include reason for transfer request:

Due Process Statement:

Transfers of non-handicapped students from either a program or a school within the City School District may only be done by a voluntary transfer basis or as a result of a suspension hearing. A transfer will be deemed voluntary when there is written consent to that transfer and a written waiver of rights under Education Law 3214(5) by the parent or legal guardian and student. Such consent and waiver shall be obtained only after a conference with the student and parent or legal guardian.

I have read and understand the statement above and consent to this transfer. I understand this is a request and not a guarantee:

Signature of Parent/Guardian

Date

To be completed by the Principal:

I have discussed the requested transfer with the Parent/Guardian and the student.
I have confirmed the Parent/Guardian's identification as being the guardian of record for this student and their address. I have explained to all parties their rights pursuant to Education Law 3214 (5).

Signature of Principal

Date



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The following supporting documentation **MUST** be included for **ALL hardship/medical transfers**:

- Student Attendance
- Report Card
- Transcript (if applicable)
- Current Schedule
- Behavior/Discipline Reports
- Medical Forms (for Medical request ONLY)

In addition to the above, the following items **MUST** be included for **ALL safety transfers**:

- Police Report (if applicable)
- Suspension data (if applicable)
- Dates and Outcomes of Parent Conferences
- Dates and Outcomes of Mediations/Interventions
- Principal Statement

To be completed by Placement Office:

Action	Signature	Date
Date returned to school (incomplete packet) Item(s) missing will be identified above.		
Date received (completed packet)		
Address verified		
Guardianship Verified		
Receives Special Education Services:	YES or NO	Program:
English Language Learner/Bilingual:	YES or NO	Program:

To be completed by Safety/Transfer Committee:

Chief Signature for Approval:	Chief Signature for Denial:	Date Reviewed:
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If Approved complete the following:

School Approved:	Start Date:
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If Denied complete the following:

Reason for denial:	
Next Steps or Recommendation for school/family:	