

**ROCHESTER CITY SCHOOL DISTRICT**

**Transfer Request 2018 - 19**

Grade 7 or 8, Currently in an Elementary School

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

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

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

Date of Request: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

DOB: \_\_\_\_\_ 2018-19 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 \_\_\_\_\_

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\_\_\_\_\_ **School or Program Transfer**  
*Complete for 2018-19 before July 1<sup>st</sup>, per District Policy.*

\_\_\_\_\_ **Safety, Hardship or Medical Transfer**  
*Must include supporting documentation*

*Please circle the school you are interested in:*

- #3 Nathaniel Rochester Community
- #8 Roberto Clemente
- #28 Henry Hudson
- #58 World of Inquiry
- Leadership Academy for Young Men

- #4 George Mather Forbes
- #17 Enrico Fermi
- #45 Mary McLeod Bethune
- East Lower School
- James Monroe High School
- Wilson Foundation Academy

- #5 John Williams
- #19 Dr. Charles T. Lunsford
- #50 Helen Barrett Montgomery
- Integrated Arts & Technology
- Northwest College Prep H.S.

*Please describe why this school/ program will benefit your child.*

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**Student Equity Action:**  
 Accepted / Declined (circle) Reason: \_\_\_\_\_  
 School Assigned: \_\_\_\_\_ Effective Date of Transfer: \_\_\_\_\_  
 SEP Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Rev 6.15.18

# ROCHESTER CITY SCHOOL DISTRICT

**Parent Consent. Transfers are granted based on course/ class availability at the requested school.** To be eligible for a non-safety voluntary transfer, the student must be in good standing with regard to attendance, discipline and grades.

\_\_\_\_\_ I have read and understand above statement and consent to this transfer, if space and program availability permit.

Signature of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**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).

**Please include the following supporting documentation:**

- Principal's Statement
- Attendance \_\_\_\_\_
- Report Card and Transcript (if applicable) \_\_\_\_\_
- Schedule \_\_\_\_\_
- Medical note from doctor, if applicable \_\_\_\_\_

**If transfer is for safety include additional documents below:**

- Behavior log \_\_\_\_\_
- Police Report (not required) \_\_\_\_\_
- Conferences and Meditations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_