

**ROCHESTER CITY SCHOOL DISTRICT**  
**Secondary Student Transfer Request 2018 - 19**

Parent ID \_\_\_\_\_  
To: **Office of Student Equity and Placement**

Proof of Address: \_\_\_\_\_  
Date of Request: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
*(Please Print)*

Current School: \_\_\_\_\_

Grade (2018-19): \_\_\_\_\_ Cohort: \_\_\_\_\_ Total Credits: \_\_\_\_\_

Receives Special Education Services: No \_\_\_\_\_ Yes \_\_\_\_\_ Program: \_\_\_\_\_

Receives ENL Services: No \_\_\_\_\_ Yes \_\_\_\_\_ Program: \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
*(Please Print)*

Email address \_\_\_\_\_

**Reason for Transfer Request**

*Please select from the following options:*

<p>_____ <b>School or Program Transfer</b> <i>Complete for 2018-19 before July 1<sup>st</sup>, per District policy.</i></p>	<p>_____ <b>Safety, Medical or Hardship Transfer</b> <i>Please include supporting documentation.</i></p>
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*Please describe why this school/ program will benefit your child.*

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

Please consider my child for a transfer to the following school(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_

Check here if sibling attends either of the requested schools. Yes _____ No _____	
Name of Sibling: _____	DOB: _____ School: _____

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**Parent Consent: Transfer Process**

**Transfers are granted based on course/ class availability at the requested school.** To be eligible for a program, medical or hardship 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 request. I understand it will be granted based on program and course availability.

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**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 \_\_\_\_\_

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

○ **Principal Statement:**

I/My Designee \_\_\_\_\_ have discussed the request for transfer of this student with the Parent/Guardian and student conference on \_\_\_\_\_ (Date).

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

Principal/Designee Signature \_\_\_\_\_

**Student Equity Action:**

Approved by: \_\_\_\_\_

Effective date of transfer: \_\_\_\_\_

Denied by: \_\_\_\_\_

Transferred to: \_\_\_\_\_

Reason: \_\_\_\_\_

Date: \_\_\_\_\_ Rev 6.15.18