

ROCHESTER CITY SCHOOL DISTRICT

DATE: _____ PARENT ID: _____ POA: _____

Grade 7th or 8th Currently in an Elementary School

Voluntary Transfer Request Form 2021-22

COMPLETION OF THIS FORM DOES NOT GUARANTEE THAT A TRANSFER WILL OCCUR

STUDENT NAME: _____ ID #: _____

DOB: _____ 2021-22 GRADE LEVEL: _____ CURRENT SCHOOL: _____

SPECIAL EDUCATION: NO: ___ YES: ___ PROGRAM: _____

ADDRESS: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

___ Safety ___ Medical ___ Hardship

*Must include supporting documentation.

___ School or Program transfer

Complete for 2021-22 before July 1 per District Policy

Please rank the school choices you are interested in:

- ___ #3 Nathaniel Rochester Community ___ #4 George Mather Forbes ___ #5 John Williams
___ #8 Roberto Clemente ___ #16 John Walton Spencer ___ #17 Enrico Fermi
___ #19 Dr. Charles T. Lunsford ___ #28 Henry Hudson ___ #45 Mary McLeod Bethune
___ #50 Helen Barrett Montgomery ___ #58 World of Inquiry ___ East Lower School
___ Integrated Arts & Technology ___ Leadership Academy for Young Men ___ James Monroe High School
___ Northwest College Prep High School ___ Wilson Foundation Academy

Reason for Request to Transfer: _____

Name(s) of any siblings attending requested school: _____

Due Process Statement: Transfer of non-handicapped students from either a program or school within the City School District may only be done on a voluntary basis. A transfer is voluntary when there is written consent to that transfer. Rights guaranteed under Education Law 3214(5) will be protected, and are only waived after an administrator's conference with the parent/legal guardian, signified with the parent/legal guardian's signature. I have read and understand the above statement. My child's rights will be safeguarded if my child has a special program that guarantees those rights.

I understand that this transfer will be granted based on space 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 for the school administrator ___ Behavior Log ___ Attendance Records
___ Conference & Mediation documentation ___ Last Report Card

Signature: _____ Title: _____

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