

Felicia A. Smith
Program Director

Monique DeVries
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Dear Parent:

The purpose of the Urban-Suburban Program is to voluntarily reduce racial isolation, deconcentrate poverty and enhance opportunities for students in the Rochester City School District and in the suburban districts of the Greater Rochester Area. To accomplish this purpose, pupils may apply for transfer to participating suburban school districts (suburban to urban, as well) through the Program. Enclosed is a program application for the 2023- 24 school year. Complete and return one application for each child with a current report card to the Urban-Suburban Program before Friday, February 10, 2023.

Application Criteria

- All applications must be completed & postmarked by Friday, February 10, 2023.
- **All applications must include a copy of student's current report card.**
- Applicants must be residents of the City of Rochester or the participating suburban districts.
- Applicants must be in grades Pre-K4 through 8 to apply for Urban-Suburban.
- Suburban to Urban grade levels depend on program/school of interest.
- Applicants must complete Consent to Share Income Data Form (Rochester Residents Only)

Selection Process

- ONLY COMPLETE APPLICATIONS will be reviewed.
- If your child is not selected, you can re-apply the following year. Placement is not based on "first come first serve," and there is no waiting list.
- Students are selected to participate in the program following a district level review of student report cards, test scores, attendance records, and family/student interviews.
- If your child is selected you will be notified by June 30, 2023

Please remember, our receipt of **your completed application does not guarantee that your child will be interviewed or placed in this program.** If you have any questions, please call the Urban-Suburban office at 249-7045 or if you desire more information, visit our website at www.monroe.edu/us.

Sincerely

Felicia A. Smith

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Program Director

URBAN-SUBURBAN INTERDISTRICT TRANSFER PROGRAM

**URBAN-SUBURBAN TRANSFER PROGRAM
PUPIL APPLICATION FORM**

*Please **print** clearly*

STUDENT INFORMATION:

ID # **890** - _____

Last Name: _____ First Name: _____ MI: _____

D.O.B: ___/___/___ Gender _____ Current Grade _____ Current School _____

Please select one: American Indian or Alaska Native _____, Asian _____, Black or African American _____, White _____, Hispanic/Latino _____, Native Hawaiian or other Pacific Islander _____.

PARENT(S) or GUARDIAN(S):

Parent/Guardian Name: _____

E-mail _____

Home Address: _____ Zip: _____

Home/Cell #: _____ Work #: _____ Emergency #: _____

Are you the custodial parent or guardian of the applicant? _____

Do you have other children in the program? _____. If yes, please list them below.

Do you have other children with applications on file? _____. If yes, please list them below

<u>Name</u>	<u>D.O. B.</u>	<u>School</u>	<u>Grade</u>
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____

I _____, the parent of _____ give permission for the Urban-Suburban Interdistrict Transfer Program to obtain information, including special education reports, if applicable, and to receive the copies of my child's cumulative record. I understand that this information will be used to determine possible placement in one of the fourteen participating suburban school districts. I also understand that a screening for my son/daughter named above is part of the application process for participation in the Urban-Suburban Interdistrict Transfer Program, and does not mean that he/she is or will be accepted into the program. I also agree that upon acceptance into the Program, all receiving school districts may share my child's educational information with the Program. In addition, I acknowledge that my child's data may be used in conjunction with a research and planning study being conducted by the University of Rochester on behalf of the Urban-Suburban Program. I understand that all information provided to the researchers will be kept confidential and will be used only for research purposes and that no individual will be identified in any materials resulting from the research.

I have answered the above questions to the best of my ability. **I understand that any falsification/alteration and/or withholding of data may be reason for termination of my child's application from the placement process.** The final decision on placement remains with the receiving suburban school districts.

Parent or Legal Guardian Signature

Date

Please return to: Urban-Suburban Program, 11 Linden Park, D3, Rochester, New York 14625
Revised 10/2022 **Deadline: Friday, February 10, 2023**

URBAN-SUBURBAN TRANSFER PROGRAM

CONSENT TO SHARE INCOME DATA

The stated purposes of the Urban-Suburban Interdistrict Transfer Program is to voluntarily decrease racial isolation, de-concentrate poverty and enhance opportunities for students in the RCSD and in the suburban districts of the Greater Rochester Area. As one of the stated purposes of the U-S Program is to de-concentrate poverty, income verification may be required to determine eligibility for the program. The U-S Program can complete this income verification through the information submitted to the Rochester City School District (“RCSD”) on the 2022-23 Income Data Collection Form. Please sign the consent below in order to allow the U-S Program access to this information. If you have not already submitted the Income Data Collection Form to the RCSD, you should do so at this time. The form can be obtained at the following link - <http://www.rcsdk12.org/Domain/53>

Please note that if you decide not to provide such consent to U-S, it will not impact your eligibility for any other programs for which you may already qualify, but we cannot consider you for the U-S Program.

I agree that the Rochester City School District may disclose my Income Data Collection Form to the U-S Program for the sole purpose of allowing U-S to complete the income verification for participation in the U-S Program. I understand that the U-S Program will not disclose this form or any information from this form to any other person or entity.

Student Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date