

Felicia A. Smith
Program Director

Monique DeVries
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October 2024

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 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 2025- 26 school year. Complete and return one application for each child with a current report card and RCSD Parental Consent form to the Urban-Suburban Program before Friday, February 14, 2025.

Application Criteria

- All applications must be completed & postmarked by Friday, February 14, 2025.
- **All applications must include a copy of the student's current report card and the RCSD Parental Consent Form.**
- Applicants must be residents of the City of Rochester.
- Applicants must be in grades Pre-K4 through 8 to apply for Urban-Suburban.
- Applicants must complete Consent to Share Income Data Form.

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.
- Please include additional important educational documents.
- If your child is selected, you will be notified by June 30, 2025

Please remember that 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? _____

Please list where you received the Urban-Suburban application. (Website, Head Start, etc.) _____

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 the reason for the 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

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 2024-25 Income Data Collection Form. Please sign the consent below in order to allow the U-S Program access to this information if needed. 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

**ROCHESTER CITY SCHOOL DISTRICT
AUTHORIZATION FOR DISCLOSURE OF EDUCATIONAL INFORMATION
PARENTAL CONSENT FORM**

Student: _____ DOB: _____ Rochester City School District ID: _____

Telephone: _____ School: _____ Grade: _____

Relationship to student: Parent Legal Guardian _____

I am the person legally responsible for the above named individual and I authorize the following:

To obtain only the information from the Rochester City School District as noted below:

STUDENT DATA INFORMATION

By signing below I am stating that:

Please identify the type of data that the District will provide to Monroe 1 BOCES

Please check all the data that you want provided:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Assignments | <input checked="" type="checkbox"/> Report Card Information |
| <input checked="" type="checkbox"/> Attendance data | <input checked="" type="checkbox"/> Results from AIMS WEB, NWEA, or Scholastic Reading |
| <input checked="" type="checkbox"/> English Language Learner (ELL) status | <input checked="" type="checkbox"/> Inventory |
| <input checked="" type="checkbox"/> Grade Point Average | <input checked="" type="checkbox"/> Student test scores |
| <input checked="" type="checkbox"/> Grades | <input checked="" type="checkbox"/> Suspension data |
| <input checked="" type="checkbox"/> IEP status (student having an Individualized Education Program) | <input checked="" type="checkbox"/> Transcript |
| <input checked="" type="checkbox"/> Interim results | <input checked="" type="checkbox"/> Other: Two (2) consecutive years and two (2) quarters of current school year's attendance, report cards, and complete teacher comments |
| <input checked="" type="checkbox"/> Local Exams | |

I hereby authorize the disclosure of educational information between organization(s) or name of person(s) listed above and Rochester City School District (District), in accordance with the Family Educational Rights and Privacy Act (FERPA). The purpose of this disclosure is to advance the education of my student.

I understand that the information disclosed will be provided to the organization(s) or name of person(s) listed above and to the District my child attends. I waive any claims based on the disclosure of my child's education records to another educational institution in accordance with that certain Intermunicipal Cooperation Agreement related to the Inter-District Urban-Suburban Transfer program, effective as of _____, _____ 2024 for the purpose of my child's participation in the Urban-Suburban Transfer Program.

I understand that I have the right to revoke and/or restrict this authorization at any time without penalty, provided that I submit a request in writing to the District's General Counsel. Any revocation shall not apply to the extent the District or BOCES has already taken action in reliance on this authorization.

I authorize the periodic, on-going disclosure of the above information. This authorization expires on December 23, 2025

Please be sure to date this form in order for the District to process.

Student/Parent/Guardian Signature: _____

Date: _____

Student/Parent/Guardian Printed Name: _____

Witness: _____

Date: _____