



SYRACUSE CITY SCHOOL DISTRICT

Department of Student Registration
Anthony Q. Davis, Superintendent of Schools

HIGH SCHOOL CHOICE AND TRANSFER

Application Assistance Form

Student First Name: _____ Student Last Name: _____

Birth Date: _____ Current School: _____ Student ID: _____ Current Grade: _____

Thank you for your interest in the High School Choice and Transfer Programs. **Please be sure to complete Section 1 (if your child is interested in up to two of the High School Choice Programs listed below) and Section 2 or Section 3 (if you and your child are not interested in High School Choice or not interested/eligible for a Transfer).** *You are required to complete the Parent Permission section in order for us to submit the High School Choice and Transfer application for your child.*

SECTION 1: CAREER AND TECHNICAL EDUCATION (CTE) AND P-TECH PROGRAM SELECTION

Please select the program(s) that your child is interested in and rank your choices 1 and 2.



Submission of a High School Choice application does not guarantee placement. *You must complete this High School Choice and Transfer Application and return it to your child's middle school counselor, and your child must complete the Interest Form, which will be distributed to every student by the Career and Technology (CTE) Team and their Middle School Counselor during Social Studies classes. This process, known as Interest Conversations, replaces the former interview process.* Your child must participate in the Interest Conversation process, to be deemed eligible to **enter** the lottery, and be **selected** through the lottery process to enroll in their program of interest.

Rank	Program	School
	Artistic Innovative Design	Nottingham
	Automotive Technology	ITC
	Barbering	PSLA
	Biotechnology	ITC
	Business Technology	PSLA
	Business Technology	Nottingham
	Clinical Laboratory Technology (P-TECH)	Henninger
	Computer Forensics	PSLA
	Computer Information Systems (P-TECH)	PSLA
	Construction Technology	Nottingham
	Cosmetology	PSLA
	Culinary Arts	ITC
	Cybersecurity	PSLA
	Electrical Trades	PSLA
	Emergency Medical Technician	PSLA
	Engineering: Electrical Technology (P-TECH)	ITC
	Mechanical Technology (P-TECH)	ITC
	Fire Rescue	PSLA

Rank	Program	School
	Forensic Science	PSLA
	Geospatial Technology	PSLA
	Health Information Technology (P-TECH)	Henninger
	Health Professions (P-TECH)	Henninger
	Heating Ventilation Air Conditioning Refrigeration Clean Energy (HVAC-R)	Corcoran
	International Baccalaureate (IB)	Corcoran
	Law Enforcement	PSLA
	Manufacturing Technology Pre-Apprenticeship	Corcoran
	Media Communications	ITC
	Medical Assisting	Henninger
	Natural Resources	Nottingham
	Navy NDCC	PSLA
	Remotely Piloted Aircraft Systems (P-TECH)	PSLA
	Semiconductor Microchip Technology (P-Tech)	Corcoran
	Urban Teaching Preparation Program	Corcoran
	Welding	Corcoran

SECTION 2: TRANSFER REQUEST

Students entering grades 9, 10 and 11 only



If you are interested in submitting a request for your child to attend Corcoran, Henninger or Nottingham High Schools, your child must meet at least one of the transfer criteria listed below. The criteria are listed in order of priority. This means that home school and sibling requests have a higher ranking in the lottery system than sibling only and home school only:

- 1. **Home School and Sibling:** Select this transfer option if you are requesting a transfer to your home school (the school identified as your neighborhood school based on your address) and you have another child who attends this school, who resides in the same home as the applicant, and who will be enrolled in the new school next school year. Please visit www.syracusecityschools.com/registration and click on the Street Directory link to identify your home school using your current address.
- 2. **Sibling Only:** Select this option if you are requesting a transfer to join a child who attends your school of choice, who resides in the same home as the applicant, and who will be enrolled in the new school next school year.
- 3. **Home School Only:** Select this option if you are requesting a transfer to your home school (the school identified as your neighborhood school based on your address). Please visit www.syracusecityschools.com/registration and click on the Street Directory link to identify your home school using your current address.
- 4. **West:** Select this option if your child attends Frazer or Syracuse STEM, or attends ELMS, Elmcrest, Grant, McCarthy, Oasis or Syracuse Latin and you live in the West Quadrant (on the westside of the City).

***Select Criteria** (Place an X over the option that applies to you):

	1	2	3	4
	Home School and Sibling*	Sibling Only*	Home School Only	West

**Required*

***Sibling Name:** _____ **Sibling Grade:** _____

***Transfer Request to** (Place an X over the option that applies to you): **Corcoran** **Henninger** **Nottingham**

**Required*

NOTE: Transfer requests are not guaranteed. Placement is based on criteria listed above and space availability in your school of choice.

SECTION 3: FEEDER SCHOOL OPTION

_____ Place an X on the line if your child is **not** interested in the High School Choice or Transfer Programs. I understand my child will automatically be assigned to their feeder or home school, as applicable, they will not be eligible to participate in the High School Choice interview process.

SECTION 4: PARENT PERMISSION AND CONSENT (YOU MUST COMPLETE THIS SECTION AND SIGN)

Consent to Submit an Application (Place an X on the line below):

_____ 3. I understand that I am giving my child's middle school counselor or the school's support personnel permission to submit my child's High School Choice and Transfer application on my behalf. I understand that this is the only way that my child's options can be submitted and that the middle school counselor or school support personnel will submit the application into the school choice portal during the period of December 18, 2023 through January 22, 2024. I also understand that my child must participate in the High School Choice Interest Conversations process.

→ **Print Parent/ Guardian Name** *Required:* _____

→ **Parent/ Guardian Signature** *Required:* _____ **Date:** _____

→ **Email** *Required:* _____

→ **Phone #** *Required:* _____

****For School Use Only****

School Designee Submission Confirmation (Please Print)

I, _____ am completing this form on behalf of _____.

school designee name

parent/guardian name

I have received their permission to complete this form via an email, phone call or text message that I received on _____.

date of receipt