



Student Registration Center  
Cambridge Rindge & Latin School  
459 Broadway • Cambridge, MA 02138  
src@cpsd.us • 617.349.6551 • Fax 617.349.6552 • www.cpsd.us

## Upper School Transfer Lottery for School Year 2024-2025: Grades 7, 8

By School Committee Policy, school transfers at the Upper School level are allowed only during limited time windows in order to maintain the stability of the Upper School experience.

Students may not transfer to a different Upper School between 5th and 6th Grade.

Transfer requests for students who will be entering 7th or 8th grade in September will be accepted **during the month of May**. Families must complete an **Upper School Transfer Lottery form** to be returned to the Student Registration Center in order to participate.

There will be very limited seats available for school transfers, and a list of available seats within the two assignment categories (Free/Reduced Lunch or Paid Lunch) is online and available at the Student Registration Center.

Transfer requests from students entering 7th and 8th Grade the following year will be combined with new-to-CPS 7th and 8th Grade registrations received by May 31, and entered into a randomized lottery held in June. **CPS students who do not receive a school transfer will be automatically included in a second transfer lottery to be held in October.** If seats are determined to be open after the start of school, the October lottery will provide a second round of transfer offers to a small number of students.

**All new-to-CPS students in grades 7 and 8 for SY24-25 who do not receive a school assignment through the Upper School Lottery will be assigned to an Upper School in July when the summer assignment process begins.**

**The only exception to these policies would be in case of a granted Hardship Appeal.** If you have any questions please do not hesitate to contact the Student Registration Center at 617-349-6067 or email Kathy Sampson at ksampson@cpsd.us.



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**Student's Name:**

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_ Current School Assignment: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Next Year's Grade: \_\_\_\_\_

Requested Upper School (s): (You may choose **up to 3 choices**)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Does your child currently have an Individualized Education Plan (IEP)?** Yes \_\_\_ No \_\_\_

**Is your child currently receiving special education services?** Yes \_\_\_ No \_\_\_. If yes, what are the services?

**Please write your reasons for requesting a change of school:**

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I certify that all information on this form is true and accurate to the best of my knowledge. I understand that if the address or child's custody changes, I must notify the Cambridge School Department and the Student Assignment Officer, in writing.

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Today's Date**

\*\*\*\*\*

**PLEASE DO NOT WRITE IN THIS SPACE. FOR OFFICE USE ONLY.**

**I.D.#** \_\_\_\_\_ **L.C.** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **E.C.** \_\_\_\_\_ **Grade for Transfer** \_\_\_\_\_

**Notes:**

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