

# Rochester School Department – Student Registration Form



**Pupil Information:** (please print, using black or blue ink)

NAME: \_\_\_\_\_ M/F \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

MAILING ADDRESS (if different from above) \_\_\_\_\_

DATE of BIRTH \_\_\_\_\_ CITY/STATE of BIRTH \_\_\_\_\_ ETHNICITY:

A. Hispanic / Latino Yes \_\_\_\_\_ No \_\_\_\_\_

B. Select one or more races from the following five (5) racial groups:

- (1) American Indian/Alaskan Native \_\_\_\_\_ (2) Asian \_\_\_\_\_ (3) Black / African American \_\_\_\_\_  
(4) Native Hawaiian / Other Pacific Islander \_\_\_\_\_ (5) White \_\_\_\_\_

TUITION STUDENT: No \_\_\_\_\_ Yes \_\_\_\_\_ from (TOWN) \_\_\_\_\_

LAST SCHOOL ATTENDED:		
_____	_____	GRADE: _____
(School)	(City)	(State)
DATE of WITHDRAWAL _____	GRADE now ENTERING _____	

**Has your child ever registered or been evaluated by Rochester Public Schools before?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when, or how long ago? \_\_\_\_\_

Does your child receive Special Services now? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, check all that apply: IEP \_\_\_\_\_ 504 \_\_\_\_\_ Other \_\_\_\_\_

Does your child have health issues? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have siblings in Rochester Public Schools? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which schools? \_\_\_\_\_

## NAME of Child's PARENTS / LEGAL GUARDIANS:

FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ Check here if Foster Parent. Where do natural parents reside? \_\_\_\_\_

DATE: \_\_\_\_\_

**(Parent / Guardian Signature)**

## FOR OFFICE USE ONLY

**Proof of Residency:** Lease \_\_\_\_\_ Closing Statement \_\_\_\_\_ Telephone \_\_\_\_\_ Electricity \_\_\_\_\_ Cable \_\_\_\_\_

Address on Postal Forwarding Sticker \_\_\_\_\_ Dr. Billing \_\_\_\_\_ Bank Statement \_\_\_\_\_ Payroll Check \_\_\_\_\_

**Date Residency Affidavit Signed:** \_\_\_\_\_

School \_\_\_\_\_ Bus # \_\_\_\_\_ D.E. \_\_\_\_\_ W.C. \_\_\_\_\_ R.N. \_\_\_\_\_ D.B. \_\_\_\_\_ ESL \_\_\_\_\_ US D.E. \_\_\_\_\_

ID # \_\_\_\_\_ Notified School \_\_\_\_\_ Rec Request \_\_\_\_\_ Entry Code \_\_\_\_\_ SASID \_\_\_\_\_

Locker \_\_\_\_\_ HR \_\_\_\_\_ HR Teacher \_\_\_\_\_ Team \_\_\_\_\_ Other \_\_\_\_\_