



**OFFICE OF STUDENT EQUITY
AND PLACEMENT**

Rochester City School District

Complete the forms within this packet using Adobe Reader on your computer or smartphone. You can download the app here:



Return these forms by email to studentregistration@rcsdk12.org

Need assistance completing the forms?

Call our offices at (585) 262-8241

Hours: Monday - Friday

8:00 a.m. - 4:30 p.m.

PLEASE NOTE:

Families should submit scans and/or photographs of their valid photo ID, child's birth certificate, and proof of residency. by e-mail to studentregistration@rcsdk12.org with their application.

Immunization records and the child's most recent physical are also requested. Both are required to attend, but they are not required to complete registration.

Some forms will need to be signed in person at the placement office. Parents and/or guardians will be contacted by placement staff for a follow-up appointment.

**Rochester City School District
Student Registration Form**

Student Last Name: _____ First: _____ Middle Initial: _____

Male Female Date of Birth: / / Grade Entering: Repeating?

Does student need/receive special education services? Yes No List service(s)

Does the student have a 504 Plan? Yes No Are you on Active Duty in the Armed Forces? Yes No

Federal Ethnic Category: Hispanic or Latino Not Hispanic or Latino

Federal Race: American Indian or Alaska Native Black or African American White
 Native Hawaiian/ or Other Pacific Islander Asian

Adult Information

	Parent/Legal Guardian	Adult #2
Name		
Relationship		
Address/Zip Code		
Home Phone		
Work Phone		
Cell Phone		
Email		

Previous Address if within NYS: _____

Sibling Information

Name of sister(s) or brother(s)	Age	Name of sister(s) or brother(s)	Age

New York State Law requires that a Home Language Questionnaire be completed for all new entrants to the Rochester public schools. Remember to follow the directions on the Home Language Questionnaire (separate form) relative to referring students to the Language Placement Center.

Parent Signature _____

FOR OFFICE USE ONLY		
Student I.D. # _____	Start Date _____	Cohort Year _____
School Assigned _____	Grade Level _____	
Pre-K Only: AM Sessions _____	PM Session _____	Full Day _____
<input type="checkbox"/> Transfer within District from <input type="checkbox"/> Entering from non-public school <input type="checkbox"/> Entering from out of District <input type="checkbox"/> Home School/Other, specify		<input type="checkbox"/> Transportation (1) <input type="checkbox"/> Close to home (2) <input type="checkbox"/> Location (3) <input type="checkbox"/> Sibling (4) <input type="checkbox"/> Sped Prgm. Avail. (5) <input type="checkbox"/> Academic Prgm. (6) <input type="checkbox"/> No Option (7)
Registration completed by _____	Zone _____	Date _____

Rochester City School District
Housing Questionnaire

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the District shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

Name of Leading Education Agency: Rochester City School District

Name of School: _____

Name of Student: _____
Last First Middle Initial

Gender: Male Female Date of Birth: ___/___/___ Grade Entering: _____ ID#: _____

Address: _____ Phone: _____

Previous Address: _____

The answer you give below will help the District determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such a proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

- Where is the student currently living? (Please check ONE box)
- In a shelter
 - With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
 - In a hotel/motel
 - In a car, park, bus, train, or campsite
 - Other temporary living situation (Please describe): _____
 - In permanent housing
 - Unaccompanied Youth

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth) Date

Name of District Staff Assisting With This Form Date

If ANY box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lisette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father	_____
	<input type="checkbox"/> Guardian(s)	_____		<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

District Name (Number) & School

Address

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

Home Language Questionnaire (HLQ)—Page Two

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____ How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____ _____
12. In what language(s) would you like to receive information from the school? _____

Signature of Parent or of Person in Parental Relation	Month:	Day:	Year:
Date			
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____			

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small style="display: block; text-align: center;">Mo. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small style="display: block; text-align: center;">Mo. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

Rochester City School District
Emergency Information/Student Release Form

Student Last Name: _____ First: _____ DOB: _____

Home Address: _____

Mother/Guardian: _____ Phone #'s: _____

Address if different from above: _____

Father/Guardian: _____ Phone #'s: _____

Address if different from above: _____

Other children in this school (first and last names): _____

EMERGENCY INFORMATION

In the event of emergency, illness, or injury, the person listed below will be contacted for care and transportation:

Name Relationship Phone #'s

Name Relationship Phone #'s

Student's Physician _____
Name Phone #'s

Student's Dentist _____
Name Phone #'s

Hospital/Clinic Preference (when possible) _____
Phone #'s

Student's Medical Insurance Carrier _____

Student Release Information

In order to ensure the safety of your child, please list responsible adults your child may be released to by school personnel.

Name	Relationship	Phone #'s

Parent Signature: _____ Date: _____

Rochester City School District
Authorization for use or disclosure of health information (HIPAA)

Student Legal Name: _____ Date of Birth: _____

Healthcare Provider (doctor): _____ Phone: _____

Address: _____ Fax: _____

Healthcare Provider (doctor): _____ Phone: _____

Address: _____ Fax: _____

Monroe County Health Dept. Clinics:

Lead Testing TB Clinic Immunization Clinic Other _____

I hereby authorize my/my child's physician(s) listed above to exchange the following information with the Rochester City School District, including:

- | | |
|---|--|
| <input type="checkbox"/> All
Or Specified: | <input type="checkbox"/> Immunizations to comply with NYS regulations |
| <input type="checkbox"/> School nurse | <input type="checkbox"/> Physical exams to comply with NYS regulations and sports requirements |
| <input type="checkbox"/> Medical officer | <input type="checkbox"/> Authorization for medications during the school day or on school trips |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Medical clearances as needed following an injury or change in condition |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Medical orders required for therapy needs, evaluations |
| <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Physician referral for services (OT, PT) |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Medical condition/ treatment plans that may have an impact in school |
| <input type="checkbox"/> Vision Department | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Special Education | |
| <input type="checkbox"/> Other _____ | |

This information will be used to provide a safe and healthful environment and develop an appropriate program for this student at school. Enrollment is not contingent upon signing this release, however, in order to plan the most appropriate program for this student, the information may be required. Specific immunizations per NYS regulations ARE required for enrollment. Positive results on lead testing are shared on a need-to-know basis between the health services and the educational teams to develop suitable programming to address any problems associated with high lead levels.

This release expires on the last day of the enrollment of the above student in the Rochester City School District, and may be revoked at any time by sending a written and signed request to cancel this permission to the school nurse. Such revocation will not affect any disclosure made prior to its receipt by the District. Protected health information will not be disclosed without consent pursuant to the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g) and implementing regulations (34 C.R.F. § 99). A copy of this release has been provided to me. I understand that it will be sent to the appropriate provider when requests are made, and I consent to the release of the information to the Rochester City School District by the health-care providers listed above.

(Signature of student over 18 or Parent/Guardian)**

(Date)

**If student is under 18 years of age, parent or legal guardian must sign consent form. If other representative is signing, state authority to act on student's behalf: _____ . ** If student is over 18 years of age and is a student with a disability as defined by the Individuals with Disabilities Education Act and the information requested pertains thereto, then the parent/guardian must also sign consent form.

Return completed form to the NURSE at the school this child attends.

Rochester City School District
Student Health Services Information

TO BE COMPLETED BY PARENT OR GUARDIAN

My child has one of the following life-threatening conditions and will need an emergency care plan completed by the school nurse and myself with written guidance from our private physician. I understand that it is my responsibility to provide physician orders and any prescribed life saving medication to the school nurse. I understand that if my child needs to carry life saving medications, I must receive prior administrative approval and must provide a second dose in the school health office in the event my child misplaces the life saving medicine.

Student's Legal Name Date of Birth

Grade/HR Male Female
Sex

Doctor's Name Phone

Does the Child Have Medical Insurance: Yes No

Insurer: _____

Does your Child Wear Glasses: Yes No

Does your Child have any Hearing Issues: Yes No If yes explain: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

My child has one of the following life-threatening conditions and will need an emergency care plan completed by the school nurse and myself with written guidance from our private physician. I understand that it is my responsibility to provide physician orders and any prescribed lifesaving medication to the school nurse. I understand that if my child needs to carry lifesaving medications, I must receive prior administrative approval and must provide a second dose in the school health office in the event my child misplaces the lifesaving medicine.

Please specify:

Life-threatening allergy: Food Insect Medicine _____

Asthma _____

Diabetes _____

Poorly Controlled Seizures _____

Severe swallowing problems or choking _____

Significant heart disease _____

Other _____

Student & Family Support Center – Enrollment and Consent Form

Dear Parent/ Guardian:

The Rochester City School District is pleased to introduce you to the services of Student & Family Support Centers located in many of our schools. The purpose of the Student & Family Support Centers is to provide a broad range of services and opportunities to assist students and ensure they are socially and emotionally prepared to achieve their academic, personal and career goals. Services include academic support, after school opportunities, immediate response counseling during times of crisis, individual and group support, and help whenever students need to overcome problems in order to succeed in school and life (see list of agency partners on the back of this form).

Once enrolled, your son/ daughter will be able to access the services of the Students & Family Support Center during their free time at school when they are not having class. In the event of an emergency, students are able to access services immediately any time during the school day.

Your permission is needed to enroll your child in the Student & Family Support Center so that he/ she may access services should the need arise. Your consent is also needed for the school to provide attendance and report card information regarding your child to the agency partners. In turn those agency partners will provide the school with information about the type of services provided and the frequency and duration of those services. This will allow the school and agency partners to provide the best service and support to ensure your child succeeds in school. Please complete BOTH sides of this form and return it to the Student & Family Support Center at your child's school.

I give permission to _____
(Student's Name) (Date of Birth)

to be enrolled and access services of the student & Family Support Center at

(Name of School)

I also give consent to the school to exchange information from my child's educational record to partner agencies, as needed to deliver services. If there is any agency that you DO NOT want to work with your child, please CROSS OUT the name of the agency on the back of this form.

This permission will remain in effect until the student is no longer enrolled in the Rochester City School District or until the parent/guardian withdraws permission (in writing). I further understand that unless I provided additional written permission, the school, the Student Family Support Center, and their agency partners cannot release this information to a third party.

(Parent/Guardian Signature)

(Relationship to the Student)

(Print Name of Parent /Guardian & Address)

(Phone)

(Date)

All listed Agencies may not be available at every school.

If there is any agency you DO NOT give permission to, please check the box next to that agency

- Association for the Blind & Vision Impaired - Vision care
- Action for Better Community - Drug/Alcohol Counseling Prevention
- Alternatives for Battered Women - Dating/ Domestic Violence Prevention
- American Lung Association - Smoking cessation
- American Red Cross - Youth Leadership Program
- Baden Street Settlement - Career, Vocational Academic Services
- Better Days Ahead - Parent Support group - Parent support group under auspices of Mental Health Association
- Boys & Girls Club - Youth Development and Family Support
- Boy Scouts - Explorer Programs
- Catholic Family Center
 - Career, vocational services, job placement
 - Counseling & Referral Linkages to requested services
 - After School Youth Development
- Center for Dispute Settlement
 - Mediation
 - Problem Solving Skills training
- Center for Youth - Alternatives to Suspension
- Counseling & Referral linkages to requested services
- Emergency Housing & Referral
- Charles Settlement House - Youth Development Activities
- Children's Institute
 - Primary Project K - Grade 3 School Adjustment Support
- City Recreation/Rochester After School Alliance
 - After School Youth Development Activities
- Community Place of Greater Rochester/Threshold
 - Youth Development & Prevention Workshops
 - Counseling, Referral linkages to requested services
 - Health services
- Compeer - Mentoring
- Conifer Park - Substance abuse services
- Continuing Developmental Services - Counseling & Referral linkages to requested services
- Crestwood Children's Center - Counseling and support
- Delphi rug & Alcohol Council
 - Drug & Alcohol Prevention Workshops
 - Assessments, intervention, and counseling services
- Eastman Dental Clinic - Primary preventive dental care
- Educational Talent Search (MCC)
 - Career, vocational, academic services
- Epilepsy Foundation - School to Work Program
- Evelyn Brandon Health Center - Mental health support services
- FACT Family Access & Connection Team - Monroe County
 - Counseling & Referral linkages to requested services
- Finger Lakes Developmental Disabilities Services Org.
 - Counseling & Referral linkages to requested services
- Gay Alliances - Counseling & Referral
- Genesee Mental Health Center - Health/mental health services
- Girl Scouts - Scouting
 - Peer Mediation Training
- Hillside Children's Center - Emergency Housing Services
 - Assessments, Counseling & Referral to requested services
 - Preventative services counseling, family support
 - Alternatives for Independent Youth
 - Alternatives to Suspension
- Hillside Work Scholarship (HW-SC)
 - Academic & vocational mentoring
- Huther Doyle - Drug & Alcohol Counseling
- IBERO American Action League/PRYD
 - Mentoring & academic support
- Iglesia Educational Centers
 - Academic tutoring
- LDA Life & Learning Association - Academic services/supports
- Learning to Earn - Work readiness
- Legal Aid Society - Youth Advocacy Program
- Lifetime Assistance - Counseling & Referral to requested services
- Metro Council for Teen Potential
 - Training for healthy decision making
- Monroe County Health Department - Nurse Family Partnership
- Monroe Community College - Academic supports
 - Liberty Partnership Program
 - Upward Bound
- Nazareth College Partners Thru Learning - Tutoring (NEAD) North East Youth Development
 - Youth development activities
- Pathways to Peace - Outreach, violence prevention services
- Planned Parenthood/In Control Program
 - Young Fathers Program
 - Pregnancy Prevention workshops
- Puerto Rican Youth Development/Ibero - Academic support
 - Outreach, Counseling & Referral linkages to requested services
 - Drug prevention services
 - Mentoring
- RIT Gear Up Program - Academic services and supports
- Rochester After School Academy (RASA)
- Rochester City School District
 - Academic Achievement Mentoring
 - Assessments for social support services
- Rochester Community Mobile Crisis Team - Mental health support services and linkages to requested services
- Rochester General Hospital - Health/mental health assessments & services
- Rochester Mental Health Center - Assessments and mental health support services
- (SPCC) Society for Protection & Care of Children
 - Counseling & Referral Linkages to requested services
 - After School Youth Development Programs
- (SWAN) South West Area Neighbors
 - Youth Development Activities
 - Family counseling, support, & Referral linkages to requested services
- St. Joseph's Neighborhood Center
 - Emergency Services
 - Assessments & Mental Health services and supports
- St. Joseph's Villa
 - Counseling & Referral linkages to requested services
- Strong Behavioral Health - Outpatient services, assessments, and supports
- Successful Pathways - Counseling & Referral linkages for girls
- Teen Empowerment Program - Youth Leadership Development
- The Advocacy Center
 - Support for families and students with disability
- Unity Health - Health/mental health assessments and services
 - Stages Program - decision making group for elementary students
- U of R School of Nursing Health Center - Health/mental health assessments and services
- Urban League of Rochester - Youth Development programs
 - Counseling & Referral linkages to requested services
 - Career and employment preparation
 - Mentoring
- VESID - Vocational Preparation
- VIA Health - Assessments, Counseling & Referral linkages to requested health/mental health services
- YES (Youth Emergency Services)
 - Crisis Counseling, Mental Health Support, and Referral linkages to requested services
- YWCA - Pregnant and parenting teen support services

131 W. Broad Street
Rochester, NY 14614
PHONE: 585-262-8241
FAX: 585-295-2615

FAX

Rochester City School District Parent Information & Student Registration Center

Previous School: _____ From: RCSD

Fax: _____ Pages: _____

Phone: _____ Date: _____

Student: _____ DOB: _____

The above-named student wishes to register with the Rochester City School District, Rochester, NY. Please provide us with the following records as soon as possible.

_____ Date registering in the Rochester City School District ____ - ____ - ____

_____ Last Report Card

_____ Transcripts

_____ Immunization/Health Record

_____ Disciplinary Records

_____ Proof of age

_____ Current Schedule

_____ Test Scores

_____ Withdrawal grades

_____ IEP (If Applicable)

_____ Evaluation

_____ Other _____

ACCORDING TO THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT BUCKLEY AMENDMENT DATED JUNE 17, 1976, IT IS NO LONGER NECESSARY TO OBTAIN WRITTEN CONSENT TO RELEASE RECORDS TO ANOTHER SCHOOL SYSTEM IN WHICH THE STUDENT MAY ENROLL.

I, _____ parent/guardian of _____

Date of Birth _____, request that you release the above information to the Rochester City School District, Parent

Information and Student Registration Center, 131 W. Broad Street, Rochester, NY 14614

Signed: _____

Dated: _____

Please fax records to:
Parent Registration Center
(585) 295-2615

If you are unable to fax, please notify us by phone and send the requested information to the above address.
Thank you for your assistance.

WE'RE HERE TO HELP.

Placement staff will assist parents with every step of the registration process. We can also provide parents with information about the schools available to their children to help them make an informed choice.

Or contact us by phone:

Hours: Monday - Friday
8:00 a.m. - 4:30 p.m.

Student Equity and Placement
(585) 262-8241

or email

studentregistration@rcsdk12.org