

**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 Latino/Hispanic

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) brother(s)	Age	Name of sister(s) 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 _____ Transportation (1)
 School Assigned _____ Grade Level _____ Close to home (2)
 Pre-K Only: AM Session _____ PM Session _____ Full Day _____ Location (3)
 1 Transfer within District from _____ Sibling (4)
 5 Entering from non-public school _____ Sped Prgm avail (5)
 6 Entering from out of District _____ Academic Prgm (6)
 Home School/ Other, specify _____ No Option (7)

Registration completed by _____ Zone: _____ Date: _____