

# Rochester School Department – Student Registration Form



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

Name: \_\_\_\_\_  
(Last) (First) (Middle)

M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Mailing Address (if different from above) \_\_\_\_\_

<p><b>Ethnicity:</b> (circle one) Is your child Hispanic/Latino? Yes or No</p> <p><b>Race:</b> (check all that apply) _____ American Indian/Alaskan Native                  _____ Asian                  _____ Black/African American                  _____ Native Hawaiian/Other Pacific Islander                  _____ White</p>	<p><b>Student resides with</b> (check one):</p> <p>_____ Both Parents _____ Mother _____ Father _____ Legal Guardian</p> <p>_____ Joint Shared Custody _____ Foster Parent _____ Other</p> <p><b>Do you have any court orders?</b> If yes, a complete original copy of any legal documents/court orders must be presented (i.e. divorce decree/parenting plan pertinent to custody &amp; registration for school, custody, restraining order, etc.)</p>
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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?** If yes, when, or how long ago?  
 \_\_\_\_\_

Does your child receive Special Services now? If yes, check all that apply: IEP \_\_\_\_\_ 504 \_\_\_\_\_ Other \_\_\_\_\_

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

Please list all children who reside in the primary household between the ages of 0-18. (name, date of birth, school-if applicable)

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Primary Household** (Parents/Guardians/Legal Custodians Names(s) with whom the student primarily resides)

1. Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Secondary Household** (Parent/Guardian/Legal Custodian Name with whom the student **does not** primarily reside)

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Secondary Address (no PO Boxes) \_\_\_\_\_  
Number/Street City/Town State/Zip

\_\_\_\_\_  
**(Parent / Guardian Signature)** Date

**FOR OFFICE USE ONLY**

School \_\_\_\_\_ Bus # \_\_\_\_\_ D.E. \_\_\_\_\_ R.N. \_\_\_\_\_ D.B. \_\_\_\_\_ ESL \_\_\_\_\_ US D.E. \_\_\_\_\_  
 ID # \_\_\_\_\_ Notified School \_\_\_\_\_ Rec Request \_\_\_\_\_ Entry Code \_\_\_\_\_ SASID \_\_\_\_\_  
 Locker \_\_\_\_\_ HR \_\_\_\_\_ HR Teacher \_\_\_\_\_ Team \_\_\_\_\_ Other \_\_\_\_\_

**Proof of Residency: Date Residency Affidavit Signed:** \_\_\_\_\_  
 Lease \_\_\_\_\_ Closing Statement \_\_\_\_\_ Telephone \_\_\_\_\_ Electricity \_\_\_\_\_ Cable \_\_\_\_\_  
 Address on Postal Forwarding Sticker \_\_\_\_\_ Dr. Billing \_\_\_\_\_ Bank Statement \_\_\_\_\_ Payroll Check \_\_\_\_\_