

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

Last School Attended: _____ Grade: _____
(School) (City) (State)

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 _____ FIT _____
 Address on Postal Forwarding Sticker _____ Dr. Billing _____ Bank Statement _____ Payroll Check _____