



West Irondequoit CSD

When requesting services, the attached Student Data Sheet, proof of age, and residency documents need be submitted to the District Office at 321 List Avenue, Rochester, NY 14617, through mail, secure drop box or emailed to the District Registrar at Registrar@westiron.monroe.edu. This documentation is required for services to begin.

Residency Requirements (all documents must show a parent's name, date, and local address):

Homeowner – the following full document showing names, dates and address:

- Mortgage deed or statement
- Current West Irondequoit School tax bill

Renter – the following document showing names, dates and address:

- Current, signed lease
- Utility bill (RG & E, Greenlight, Frontier, water, garbage...)
- Bank statement, payroll stub
- Valid NYS driver's license with West Irondequoit address printed on front

Proof of Age

- Birth Certificate
- Baptismal Records
- Passport

If you have any questions or need more information:

Registrar at registrar@westiron.monroe.edu or (585) 336-6743

Student Services at kesha_hartzog@westiron.monroe.edu or (585)336-3176

WICSD Data Sheet

Shaded Section for Office Use Only			Student#
Date:	Grade:	School Year:	Proof of Age:
			Proof of Residency:
			Provided:
			Provided:

STUDENT INFORMATION

Student's Legal Name: <i>Last</i> <i>Middle Initial</i> <i>First</i>		
Student Address:		Own ___ Rent ___ Shared ___ Grade Entering: ___ Gender: _____
<i>Street</i> <i>Apt.</i>		
<i>Town/City</i> <i>State</i> <i>Zip</i>		
Birthdate: Birthplace:		
Is the student Hispanic, Latino or of Spanish origin? <i>Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture of origin, regardless of race.</i> ___ Yes, Hispanic, Latino or Spanish ___ No, Not Hispanic, Latino or Spanish		
Racial Category (Required: Check all groups that apply or check at least one) ___ American Indian or Alaskan Native ___ Black ___ White ___ Asian ___ Native Hawaiian / Pacific Islander		
Primary Language(s) spoken in the home:		

PARENT INFORMATION

Parent/ Guardian #1 Name:	Cell:
Complete Address:	Work:
	Home:
Email Address:	Relationship to student: ___ Mother/ Father ___ Foster Parent ___ Stepmother/ Stepfather ___ Legal Guardian ___ Other
Parent/ Guardian Employer	
Parent/ Guardian #2 Name:	Cell:
Complete Address:	Work:
	Home:
Email Address:	Relationship to student: ___ Mother/ Father ___ Foster Parent ___ Stepmother/ Stepfather ___ Legal Guardian ___ Other
Parent/ Guardian Employer:	

OTHER CHILDREN LIVING IN THE HOME (use the back of this sheet for additional names)

Last Name	First Name	DOB	Grade	School	Relationship

OTHER ADULTS LIVING IN THE HOME (use the back of this sheet for additional names)

Last Name	First Name	Relationship

Name of person supplying information for this form:

Print Name: _____ Signature: _____