Pittsford Central School District
Student Registration Form

ID# _____ (for office use only)

School Name: _____

Student Name: _____ **Preferred Name:** _____
Last First Middle

Gender: ☐ M ☐ F **Birth date**: ____/____ /____ **Grade Entering**: _____ **Start Date**: _____
Month Day Year

Proof of Age: ☐ Birth Certificate or Baptism Certificate; if not available, then ☐ Passport; if not available then ☐ Other: _____ (see PCSD Enrollment Procedures)

Proof of Residency: ☐Tax Bill ☐ Mortgage ☐ Deed ☐ Lease; if not available, then ☐ Statement from Landlord, Owner or Tenant with whom property is Shared (Shared Housing Agreement); if not available, then ☐ Other _____ (see PCSD Enrollment Procedures)

Permanent Address	**Temporary Address Until:** (date)
Street	Street
City	City
State Zip	State Zip
Phone	Temporary Telephone

School Last Attended: _____ **Previous School Phone Number:** _____

Previous School Address: _____
Street City State Zip

Has the student ever attended public school in New York State? ☐ Y ☐ N
If yes, please specify: School(s): _____ Grade(s):_____ Year(s):_____
School(s):_____ Grade(s):_____ Year(s):_____

Parent/Guardian:☐Own ☐Step ☐Other _____	Parent/Guardian:☐Own ☐Step ☐Other _____
Name:	Name:
Address:	Address:
Gender: ☐ Male ☐ Female	Gender: ☐ Male ☐ Female
Bus. Ph.: Cell Ph.	Bus. Ph. Cell Ph.
Email:	Email:

Additional Parents if applicable: ☐ **Custodial** ☐ **Non-Custodial**

Parent/Guardian:☐Own ☐Step ☐Other _____	Parent/Guardian:☐Own ☐Step ☐Other _____
Name:	Name:
Address:	Address:
Gender: ☐ Male ☐ Female	Gender: ☐ Male ☐ Female
Bus. Ph. Cell Ph.	Bus. Ph. Cell Ph.
Email:	Email:

Over ⇨

Brothers and Sisters: (only list siblings birth through grade 12)

Name	M/F	Birth date	School Attending	Grade

Is this student currently enrolled in any type of Special Education or Support Programs? ☐ Y ☐ N
(Please Check: ☐ Reading ☐ Math Lab ☐ Resource Room ☐ Speech/Lang. ☐ ESOL ☐ Other _____)

Does your child have a 504 plan? ☐ Y ☐ N
Does your child have an individualized education plan (IEP)? ☐ Y ☐ N

Are there significant health problems? ☐ Y ☐ N
Please specify: ☐ Asthma ☐ Allergies ☐ Diabetes ☐ Seizures ☐ Other

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These questions are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services that you or your child may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- ☐ In a motel/hotel
- ☐ In a shelter
- ☐ With another family or person because of loss of housing or as a result of economic hardship
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park, bus, train, or campsite
- ☐ Other temporary living situation (please describe): _____