(items in blue are for office use only) *Information Systems ~ 10/27/22*

Student #	Proof of residency	Birth Record	Date Reg mm/dd/yy	Time	Custody Doc	Immunizations	First Polio (m/d/y)	Imm checked by	Yr ent Gr 9
		◯ Y or N ◯	/ /						

Rush-Henrietta Central School District ~ Pupil Registration Form

Student Information (Use Legal Name) Please print clearly in black ink.

Last name	First name	Middle name	Gender	Telephone #

Birth Date	Birth City/State/Country	Name and Address of the last school attended/last grade completed

Has the student ever lived in the Rush-Henrietta school district? (even if school was never attended)	Lived in RH (y or n)	School attended	Last date in district
	◯ Y or N ◯		

Home Address Information

Street Address	Apt.	City	State	Zip

Mailing Address (only if different from home address)

PO Box	City	State	Zip

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

Do you believe that you are living in Permanent Housing? ◯ Yes ◯ No If you answered NO, where is the student presently living? (Check one box)

◯ In a shelter ◯ In a hotel/motel (Days Inn) ◯ In a car, park, bus, train, or campsite ◯ Other temporary living situation

◯ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as 'doubled up')

Is this temporary living arrangement due to loss of housing or economic hardship? (for example, eviction or foreclosure) ◯ Yes ◯ No

Please explain: _____

NOTE: If the student is **not** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required**.

Family Information

Legal Parent(s) Guardian(s):

	Legal Parent/Guardian 1	Legal Parent/Guardian 2
Full Name		
Title(Mr/Mrs)		
Relationship		
Has Custody	◯ Yes ◯ No	◯ Yes ◯ No
Lives w/student	◯ Yes ◯ No	◯ Yes ◯ No
Receives Mailings	◯ Yes ◯ No	◯ Yes ◯ No
Mailing Address		
City,State,Zip		
Home Phone		
Employer		
Work Phone		
Needs Interpreter		
Email		

Siblings

List student's siblings to age 18, living at same address as student.

Name	Gender	Birth Date

School Entering	Grade Entering

Name	Gender	Birth Date

School Entering	Grade Entering

Name	Gender	Birth Date

School Entering	Grade Entering

Name	Gender	Birth Date

School Entering	Grade Entering

Signature:
Legal Parent/Guardian or Student (for unaccompanied homeless youth) * _____ Date _____

By signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

(items in blue are for office use only)

Date Rec'ds Req	Date Rec'ds Rec	Home School	Placement School	Entry Grade	Entry Date mm/dd/yy	Room/Team	Bus In	Bus Out

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

STUDENT NAME:

First *Middle* *Last*

DATE OF BIRTH:

Month *Day* *Year*

GENDER:
- ◯ Male
- ◯ Female
- ◯ Non-binary

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name *First Name* *Relation to Student*

HOME LANGUAGE CODE

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	☐ English	☐ Other	*specify*	
2. What was the first language your child learned?	☐ English	☐ Other	*specify*	
3. What is the Home Language of each parent/guardian?	☐ Mother *specify*	☐ Father *specify*	☐ Guardian(s) *specify*	
4. What language(s) does your child understand?	☐ English	☐ Other	*specify*	
5. What language(s) does your child speak?	☐ English	☐ Other *specify*	☐ Does not speak	
6. What language(s) does your child read?	☐ English	☐ Other *specify*	☐ Does not read	
7. What language(s) does your child write?	☐ English	☐ Other *specify*	☐ Does not write	

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School *Address*	

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes ◯ ***No*** ◯ ***Not sure*** ◯ ***If yes,** please explain:_____

How severe do you think these difficulties are? ◯ Minor ◯ Somewhat severe ◯ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ◯ **No** ◯ **Yes*** **Please complete 10b below*

10b. **If referred for an evaluation,* has your child ever *received* any special education services in the past?
◯ **No** ◯ **Yes – Type of services received:**_____

Age at which services received *(Please check all that apply):*
☐ **Birth to 3 years (Early Intervention)** ☐ **3 to 5 years (Special Education)** ☐ **6 years or older (Special Education)**

10c. Does your child have an Individualized Education Program (IEP)? ◯ **No** ◯ **Yes**

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

12. In what language(s) would you like to receive information from the school? _____

_____ Month: Day: Year:
Signature of Parent or of Person in Parental Relation ***Date***

Relationship to student: ◯ **Mother** ◯ **Father** ◯ **Other:**_____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ **POSITION:** _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ **POSITION:** _____

ORAL INTERVIEW NECESSARY: ◯ **NO** ◯ **YES**

****DATE OF INDIVIDUAL INTERVIEW:** _____ (MO DAY YR.)

OUTCOME OF INDIVIDUAL INTERVIEW:
☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ **POSITION:** _____

DATE OF NYSITELL ADMINISTRATION: _____ (MO. DAY YR.)

PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ◯ ENTERING ◯ EMERGING ◯ TRANSITIONING ◯ EXPANDING ◯ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

Central Registration
Phone: (585) 359-7957
Fax: (585) 359-7959
www.rhnet.org

Rush-Henrietta Central School District
Webster Learning Center
2000 Lehigh Station Road
Henrietta, NY 14467

Student Racial and Ethnic Identification

To the Parent/Guardian:

School districts are required to follow federal standards for collecting and reporting race and ethnicity of students. This information will be used to:

- Report information to the New York state and federal education departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check (✓) in the box for the category or categories which best describe your child. The Rush-Henrietta Central School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all New York state and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging.

Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information.

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Please complete the form on the reverse side of this page.

Rush-Henrietta Central School District
Student Racial and Ethnic Identification

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Student ID Number | Student Name (Last, First, Middle)

Name of School | Date of Birth (mm/dd/yyyy) | Grade Level

DIRECTIONS TO THE PARENT/GUARDIAN: PLEASE ANSWER QUESTIONS (1) AND (2) BELOW. PLEASE READ BOTH QUESTIONS BEFORE YOU RESPOND.

QUESTION1
For question 1, check (✓) the box that best describes your child.
Check (✓) only ONE box.

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

- ◯ **YES, Hispanic**
- ◯ **NO, not Hispanic**

QUESTION2
Select one or more races from the following five racial groups.
For question 2, check (✓) all groups that apply to your child.
Check (✓) at least ONE box.

- ☐ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ **Black or African American:** A person having origins in any of the Black racial groups of Africa.
- ☐ **White:** A person having origins in any of the peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Other _____ Date _____

By signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

Relationship to Student (please check one box below):

◯ Mother ◯ Father ◯ Guardian ◯ Other (Specify): _____

See reverse side for important message to Parents/Guardians and Confidentiality Procedures and Regulations.

Parker Administration Building
2034 Lehigh Station Road
Henrietta, NY 14467
Fax: (585) 359-5045

Dr. Barbara A. Mullen
Superintendent of Schools
bmullen@rhnet.org
Phone: (585) 359-5000

Parental Rights Regarding Student Information & Educational Records

Dear Parent/Guardian or Student:

This is to advise you of your rights with respect to the school's records relating to (your son) (your daughter) (you) pursuant to the Federal "Family Educational Rights and Privacy Act (FERPA) of 1974."

Parents/guardians of a student under 18, or a student 18 or older, have a right to inspect and review any and all official records, files, and data directly related to the student, including all material that is incorporated into each student's cumulative record folder, and intended for school use or to be available to parties outside the school or school system, and specifically including, but not necessarily limited to, identifying data, academic work completed, level of achievement (grades, standardized achievement test scores), attendance data, scores on standardized intelligence, aptitude, and psychological tests, interest inventory results, health data, family background information, teacher or counselor ratings and observations, and verified reports of serious behavior patterns.

A parent/guardian of a student under 18 years of age or a student 18 years of age or older shall make a request for access to a child's (his/her own) school records, in writing, to the principal of the building to which such student is assigned. Upon receipt of such request, arrangements shall be made to provide access to such records within a reasonable period of time, but no more than 30 days after the request has been received.

If information contained in the student's record is believed to be inaccurate or misleading, that parent or eligible student should write the principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the district decides not to amend the record as requested, the parent or eligible student will be notified of the decision and advised of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent/guardian or eligible student when notified of the right to a hearing.

Student records, and any material contained therein which is personally identifiable, are confidential and may not be released or made available to persons other than parents/guardians or students without the written consent of such parents/guardians or student. There are a number of exceptions to this rule, such as other school employees and officials, and certain State and Federal officials, who have a legitimate educational need for access to such records in the course of their employment. In addition, the district will disclose, upon request, education records to officials of another school district in which a student seeks or intends to enroll.

Further, under the provisions of FERPA, directory information may be released by the district without parental consent. Directory information includes a student's name, parents' names, address, telephone number, date and place of birth, e-mail address, photograph, grade, participation in school activities or sports, weight and height if a member of an athletic team, dates of attendance, degrees and awards received, and most recent previous school attended. It is the practice of the district to release such information only to colleges and other post-secondary education institutions, and military recruiters. The release of directory information to the media shall be for the sole purpose of reporting upon or promoting a district activity and shall not include addresses and telephone numbers. If a parent/guardian does not wish to have some or all of the directory information released by the district, he/she must notify the building principal in writing within 10 school days of the time this letter was issued.

Sincerely yours,

Barbara Mullen

Superintendent of Schools

Revised: 4/5/2023

Central Registration
Phone: (585) 359-7957
www.rhnet.org



Rush-Henrietta Central School District
Webster Learning Center
2000 Lehigh Station Road
Henrietta, NY 14467

Request for Records from the Rush-Henrietta School District

PLEASE FAX OR MAIL THE REQUESTED INFORMATION TO THE RUSH-HENRIETTA SCHOOL/OFFICE INDICATED IN THE BOX BELOW.

Last School Attended: _____ Date: _____

Address: _____ Phone: _____

Fax: _____

PERMISSION TO RELEASE INFORMATION AS INDICATED BELOW ON THE FOLLOWING STUDENT(S):

_____
Name of Student Date of Birth Grade Attended

_____
Name of Student Date of Birth Grade Attended

REQUESTING THE FOLLOWING INFORMATION:

- Permanent Record Information
- Most Current Report Card Grades
- Psychological/Social History (if applicable)
- Attendance Records
- Achievement Tests Scores
- Discipline Records
- Any Other Pertinent Information (e.g., IEP/504)

Signature of Parent/Guardian _____ Date: _____

Signature of Employee Requesting Records _____ Date: _____

Please Note: The Family Educational Rights and Privacy Act, also known as the Buckley Amendment, allows schools to release records without written permission from parents or eligible students to other schools to which a student is transferring.

Crane ES (K-3) Brian Hill, Principal	85 Shell Edge Drive, Rochester, NY 14623 Phone: (585) 359-5400 Fax: (585) 359-5403 c/o Shannon Ledwith shledwith@rhnet.org
Fyle ES (K-3) Marcy Mooney, Principal	133 Vollmer Parkway, Rochester, NY 14623 Phone: (585) 359-5430 Fax: (585) 359-5433 c/o Jen Duris jduris@rhnet.org
Leary ES (K-3) Meaghan Magee, Principal	5509 East Henrietta Rd, Rush, NY 14543 Phone: (585) 359-5460 Fax: (585) 359-5463 c/o Deana Walton dewalton@rhnet.org
Winslow ES (K-3) Jennifer Tomalty, Principal	755 Pinnacle Road, Henrietta, NY 14467 Phone: (585) 359-5090 Fax: (585) 359-5073 c/o Sheila Rivers Rhoden sriversrhoden@rhnet.org
Sherman ES (4-6) Courtney Betancourt, Principal	50 Authors Avenue, Henrietta, NY 14467 Phone: (585) 359-5490 Fax: (585) 359-5493 c/o Wendy Critelli wcritelli@rhnet.org
Vollmer ES (4-6) Yajaira Nguyen, Principal	150 Telephone Road, West Henrietta, NY 14586 Phone: (585) 359-5550 Fax: (585) 359-5559 c/o Erin Frost efrost@rhnet.org
Burger Jr High School (7-9) Stephanie Bliss-Walker, Principal	639 Erie Station Rd, West Henrietta, NY 14586 Phone: (585) 359-5320 Fax: (585) 359-5324 c/o Heather Fingland hfingland@rhnet.org
Roth Jr High School (7-9) Omar Hussain, Principal	4000 East Henrietta Rd., Henrietta, NY 14467 Phone: (585) 359-5120 Fax: (585) 359-5164 c/o Marie Welch mwelch@rhnet.org
Senior HS (10-12) David Dunn, Interim Principal	1799 Lehigh Station Rd, Henrietta, NY 14467 Phone: (585) 359-5264 Fax: (585) 359-5249 c/o Karen Tambasco ktambasco@rhnet.org

Revised: 6/23/2026

Name _____ Date ____/____/_____

Digital Equity Survey

X. Student Name:

1. Did the school district issue your child a dedicated school or district-owned device for their use during the school year? Please select "Yes" as Rush-Henrietta will provide your child with a device.
   - ◯ Yes
   - ◯ No

2. What is the device your child uses **most often** to complete learning activities away from school? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)
   - ◯ DESKTOP
   - ◯ LAPTOP
   - ◯ TABLET
   - ◯ CHROMEBOOK
   - ◯ SMARTPHONE
   - ◯ NO DEVICE

3. Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)
   - ◯ SCHOOL
   - ◯ PERSONAL
   - ◯ NO DEVICE

4. Is the primary learning device (identified in question 2) shared with anyone else in the household?
   - ◯ SHARED
   - ◯ NOT SHARED
   - ◯ NO DEVICE

5. Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school?
   - ◯ YES
   - ◯ NO

6. Is your child able to access the internet in their primary place of residence?
   - ◯ YES
   - ◯ NO

7. What is the primary type of internet service used in your child's primary place of residence?

- ◯ RESIDENTIAL BROADBAND
- ◯ CELLULAR
- ◯ MOBILE HOTSPOT
- ◯ COMMUNITY WIFI
- ◯ SATELLITE
- ◯ DIAL UP
- ◯ DSL
- ◯ OTHER
- ◯ NONE

8. In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance?

- ◯ YES
- ◯ NO

9. What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence?

- ◯ AVAILABILITY
- ◯ COST
- ◯ NONE
- ◯ OTHER

Rush Henrietta Central School District

STUDENT HEALTH HISTORY FORM

To be completed by parent or guardian.

Child's Name _____ Birthdate _____ Gender _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Born in U.S.? ◯Yes ◯No(if no, where?) _____ Date of last physical exam _____

Traveled outside the U.S. in the last six (6) months? ◯Yes ◯No (if yes, where?) _____

Health History (check all that apply and explain below)

- ☐ADD/ADHD
- ☐Anemia
- ☐Arthritis
- ☐Asthma/trouble breathing
- ☐Autism/Asperger's/etc.
- ☐Bleeding Disorder
- ☐Cancer
- ☐Vision Deficit
  - ☐Wears Glasses ☐Contacts
- ☐Color Vision Deficiency
- ☐Chicken Pox
- ☐Dental Injuries
- ☐Diabetes
- ☐Ear Infections
- ☐Gastrointestinal Condition (ulcer, reflux, IBS)
- ☐Headaches/Migraines
- ☐Heart Condition
- ☐Hernia Repair
- ☐Hypertension
- ☐Behavioral/Mental Health (depression, eating disorder, anxiety, OCD, ODD, Etc.)
- ☐Orthopedic Condition
- ☐Hearing Deficit
  - ☐Hearing Aid ☐Cochlear Implant
- ☐Other _____
- ☐Scoliosis
- ☐Seizure Disorder
- ☐Single Organ
- ☐Skin Condition
- ☐Speech Condition
- ☐Urinary/Kidney Problem

☐Allergies (specify type of allergy; environmental, food, insects, latex, medication and previous reactions)

_____

_____

Is any emergency medication required? _____

☐Congenital Condition

☐Concussion with or without loss of consciousness (list dates injuries occurred)

_____

Please list any hospitalizations or surgeries:

_____

_____

_____

Please list any injuries requiring medical care:

_____

_____

_____

Does your child receive treatments or use assistive equipment during or outside the school day?

☐ Insulin/blood glucose monitoring ☐ Inhaler/nebulizer/peak flow monitoring ☐ Special diet

☐ Crutches ☐ Walker ☐ Wheelchair ☐ Other

Does your child take medication either at home or at school?
(list name, dose, and time(s) of administration)

_____

_____

_____

Is there any condition that would prevent your child from participating in physical education or sports?

◯ No ◯ Yes

Has your child recently traveled outside of the country? ◯ No ◯ Yes

If so, when and where and for how long did they stay? _____

Additional Information:

_____

_____

_____

Parent/Guardian Signature:_____ Date: _____

By signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

Rush-Henrietta Central School District

Confidential Information

Student Information

Student #	Last Name	First Name	Telephone #	Teacher	Grade

Address	City	State	Zip

Birthdate	Gender		

Contact Information

The student's Custodial Parents/Guardians are listed below and will be contacted in case of emergency
(Call Order: Evaluate all phone numbers and indicate the order in which you want them called, starting with #1.)

Title	Contact Name	Relationship	Allowed to Pick Up	Preferred Language for Communication	Phone Information		
					Call Order	Phone Number	Type
E-mail:							Home
							Cell
							Work
							Other
					Call Order	Phone Number	Type
E-mail:							Home
							Cell
							Work
							Other

The following people may also be contacted in case of an emergency involving this student:

Title	Contact Name	Relationship	Allowed to Pick Up	Preferred Language for Communication	Phone Information		
					Call Order	Phone Number	Type
							Home
							Cell
							Work
							Other
					Call Order	Phone Number	Type
							Home
							Cell
							Work
							Other

Family Information

Please list siblings below:

Name	Birthdate	Building	Grade

If I can not be reached the persons named above are authorized to assume responsibility in the event of a serious illness or injury. This responsibilty includes signing out/removing the student from school should the need arise. I give the school nurse, teacher, or designee permission to exchange pertinent medical information with my child's physician and emergency medical personnel.

By signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

Parent/Guardian Signature

Date

Central Registration
Phone: (585) 359-7957
Fax: (585) 359-7959
www.rhnet.org



Rush-Henrietta Central School District
Webster Learning Center
2000 Lehigh Station Road
Henrietta, NY 14467

Supplemental Information Form

Has your child been referred to the Committee for Special Education (CSE)?
*see note below

◯ Yes ◯ No

Does you child have an Individual Education Plan (IEP) or 504 Plan?

◯ Yes ◯ No

Has your child received additional services for:

☐ Speech ☐ ESL ☐ Reading ☐ Math

☐ Occupational Therapy ☐ Physical Education ☐ BOCES

Other: _____

Has your child ever had an out of school suspension? ◯ Yes ◯ No
Is your child currently suspended? ◯ Yes ◯ No

Are there any legal restraints, pertaining to your child, of which we should be aware? ◯ Yes ◯ No

_____
Student Name

_____
Parent/Guardian Signature Date

By signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

Note: Every Rush-Henrietta parent or person in parental relation has a right to the referral and evaluation of their child for the purposes of special education services or programs. Please visit the district website www.rhnet.org for more Special Education information.

Revised: 10/26/22

Central Registration
Phone: (585) 359-7957
Fax: (585) 359-7959
www.rhnet.org



Rush-Henrietta Central School District
Webster Learning Center
2000 Lehigh Station Road
Henrietta, NY 14467

Custody Disclosure Form

The Central Registration Office is responsible for registration, **not** responsible for determining custody. If custodial or guardianship issues exist when you register your child in the Rush-Henrietta Central School District, it is your responsibility to provide custodial documentation to the Central Registration Office and a copy will be forwarded to your child's school principal. **NOTE:** A copy of the current court order as to custody is required to ensure compliance.

Information on Rights of parents from the Family Education Rights and Privacy Act (FERPA) An educational agency or institution shall give **full rights** under the Act of both parents, unless the agency or institution has been provided with evidence that there is a court order, state statute, or legally binding document relating to such matters as divorce, separation or custody that **specifically revokes these rights.**

(Authority: 20 U.S.C. 1232g)

Please check all that apply:

- ☐ Both parents are residing at the same residence
- ☐ Single parent (father and mother **are** listed on the birth certificate)
- ☐ Single parent (father is **not listed** on the birth certificate)
- ☐ Parent/guardians divorced/separated
- ☐ Parents have never been married and have no legal custody papers
- ☐ Parent is remarried with a step-parent in the house
- ☐ Custody/Guardianship was granted by the courts (date _____, copy attached)
- ☐ Custody/Guardianship proved by affidavit (date _____, copy attached)
- ☐ Restricted pickup **(legal documentation must be provided)** _____
- ☐ Foster Care arrangement
- ☐ Parent deceased
- ☐ Student is emancipated (legal documentation must be provided)

Child's primary residence is with _____

I understand as guardian that it is my responsibility to update my child's school principal of changes in custody.

Student Name (please print): _____

Signature of Parent/Guardian _____ Date _____

By signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

Revised: 10/26/22