(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