

(for office use only)

Information Systems ~ 2 May 2012

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

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) Y or N	School attended	Last date in district

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 in **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):		Siblings	
Legal Parent/Guardian 1		Legal Parent/Guardian 2	
Full Name _____		List student's siblings to age 18, living at same address as student.	
Title(Mr/Mrs) _____		Name _____	Gender _____ Birth Date _____
Relationship _____		School Entering _____	Grade Entering _____
Has Custody	Yes No	Yes No	Yes No
Lives w/student	Yes No	Yes No	Yes No
Receives Mailings	Yes No	Yes No	Yes No
Mailing Address _____		Name _____	Gender _____ Birth Date _____
City,State,Zip _____		School Entering _____	Grade Entering _____
Home Phone _____		Name _____	Gender _____ Birth Date _____
Employer _____		School Entering _____	Grade Entering _____
Work Phone _____		Name _____	Gender _____ Birth Date _____
Needs Interpreter _____		School Entering _____	Grade Entering _____
Family Email _____			

Signature: _____

Legal Parent/Guardian or Student (for unaccompanied homeless youth) _____

(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
-----------------	-----------------	-------------	------------------	-------------	---------------------	-----------	--------	---------