

Please complete and return this form for children ages 0 – 5 years of age who reside in the Rochester Public School District. Accurate, up-to-date, census information will enable us to provide information to you regarding education services, including Early Childhood Screening, preschool classes, kindergarten registration, parent-child programs, etc.

Student ID:

Birth date:

Student's Name (Last, First, Middle):

Child's (Legal) Last Name (Legal) First Name (Legal) Middle Name			Gender M <input type="checkbox"/> F <input type="checkbox"/>		
Child's Nickname or Other Name (Last, First, Middle)			Date of Birth (month/day/year)		
Child's Address Lot/Apt #			Birthplace (City/State or Country)		
City: State: Zip:			Home Phone		
Student lives with (check all that apply): Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>					
Guardian #1 Relationship to Student _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/> Full Name (Last, First, Middle) _____ Address (If different) _____ City _____ State _____ Zip _____ Cell Phone: _____ Email address: _____			Guardian #2 Relationship to Student _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/> Full Name (Last, First, Middle) _____ Address (If different) _____ City _____ State _____ Zip _____ Cell Phone: _____ Email address: _____		
Has this student or any siblings ever attended any Rochester school? Yes <input type="checkbox"/> No <input type="checkbox"/>			Ethnic/Race (Check One) Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/>		
Home Language 1 st language learned by student: _____ Language normally used by student at home: _____ Language normally used by parents at home: _____ Does parent/guardian require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>			Additional Federal Race/Ethnicity Part A – Is the child Hispanic/Latino? (Choose only one) Yes <input type="checkbox"/> No <input type="checkbox"/> Part B – What is the child's race? (Check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
Please list, in order of birth, all children in this family.					
Last Name	First name	Middle	Gender	Birth date (month/day/year)	Birthplace City/State or Country
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

For Office Use Only

Date: _____ Lang: _____ Student ID: _____ Grid: _____