

# 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: <input type="checkbox"/> Own <input type="checkbox"/> Step <input type="checkbox"/> Other _____	Parent/Guardian: <input type="checkbox"/> Own <input type="checkbox"/> Step <input type="checkbox"/> Other _____
Name:	Name:
Address:	Address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Bus. Ph.:                  Cell Ph.	Bus. Ph.                  Cell Ph.
Email:	Email:

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

Parent/Guardian: <input type="checkbox"/> Own <input type="checkbox"/> Step <input type="checkbox"/> Other _____	Parent/Guardian: <input type="checkbox"/> Own <input type="checkbox"/> Step <input type="checkbox"/> Other _____
Name:	Name:
Address:	Address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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

---

**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): \_\_\_\_\_