

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:

<b>Child's (Legal) Last Name</b>	<b>(Legal) First Name</b>	<b>(Legal) Middle Name</b>	<b>Gender</b> M <input type="checkbox"/> F <input type="checkbox"/>
<b>Child's Nickname or Other Name (Last, First, Middle)</b>			<b>Date of Birth (month/day/year)</b>
<b>Child's Address</b>		<b>Lot/Apt #</b>	<b>Birthplace (City/State or Country)</b>
<b>City: _____ State: _____ Zip: _____</b>			<b>Home Phone</b>

Birth date:

**Student lives with (check all that apply):**  
 Both Parents  Mother  Father  Step-Parent  Foster Parent  Guardian  Other

<b>Guardian #1</b> 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: _____	<b>Guardian #2</b> 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: _____
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Student's Name (Last, First, Middle):

Has this student or any siblings ever attended any Rochester school? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Ethnic/Race (Check One)</b> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/>
<b>Home Language</b> 1 <sup>st</sup> 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"/>	<b>Additional Federal Race/Ethnicity</b> <b>Part A</b> – Is the child Hispanic/Latino? (Choose only one) Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Part B</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.						

<b>For Office Use Only</b>			
Date: _____	Lang: _____	Student ID: _____	Grid: _____