

#583 Derech HaTorah of Rochester

**CHARTER / PRIVATE / PAROCHIAL / SUBURBAN CENSUS FORM**  
 (For New Students Only)  
 Birth Certificate required

LAST NAME, FIRST NAME	DOB	CURRENT GRADE	GENDER	ETHNIC	ENTER DATE	LAST SCHOOL ATTENDED
HOUSE #	STREET NAME	ZIP	PARENT/GUARDIAN	PHONE #	RCSD DISTRICT <u>      </u> NY STATE <u>      </u>	
RCSD ID # _____ CIRCLE ONE: MOTHER•FATHER•FOSTER PARENT•OTHER						
DOES THIS STUDENT HAVE A CURRENT IEP? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, Classification _____ Program _____						
LAST NAME, FIRST NAME	DOB	CURRENT GRADE	GENDER	ETHNIC	ENTER DATE	LAST SCHOOL ATTENDED
HOUSE #	STREET NAME	ZIP	PARENT/GUARDIAN	PHONE #	RCSD DISTRICT <u>      </u> NY STATE <u>      </u>	
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ROCHESTER CITY SCHOOL DISTRICT  
 131 W. BROAD STREET  
 ROCHESTER, NY 14614