



Rochester City School District  
131 West Broad Street  
Rochester, New York 14614  
(585) 262-8100

**2022-2023 SCHOOL YEAR**

**Application for Pupil Transportation for Residents of the City of Rochester to Non Public Schools.**  
*A new application must be submitted each year by April 1<sup>st</sup>.* Please complete one application for each student.  
In order to avoid delays, please print and write legible.

School Attending 2022-2023 Vertus High School

Student ID# \_\_\_\_\_ Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Student Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  M  F

Home Address \_\_\_\_\_ Apt \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Extension \_\_\_\_\_

Pick up location if different from home (Only for Students in Grades K-8 and must be for 5 consecutive days) \_\_\_\_\_

Drop off location if different from home (Only for Students in Grades K-8 and must be for 5 consecutive days) \_\_\_\_\_

**Please check if your child has either of the following:** IEP  504 Plan

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

I have completed this form in its entirety and read the important information on the reverse side.

Print Parent or Legal Guardian Name \_\_\_\_\_

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This section is FOR OFFICE USE ONLY	
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School Code

**Check if apply and attach supporting documents if needed:**

Foster Care  McKinney Vento Act  Parent/Legal Guardian Disability (Grades K-2 only)

Student Medical Disability

**Application denied:**

Application Incomplete  Other \_\_\_\_\_

**NOTE TO SCHOOLS/LEAS:** Please assist students and families filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

**ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE**

Name of LEA: Vertus Charter School

Name of School: Vertus Charter School

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ ID#: \_\_\_\_\_  
Month Day Year (preschool-12) (optional)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_
  
- In permanent housing

\_\_\_\_\_  
Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

**Date**  
If the student is **NOT** living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

**NOTE TO SCHOOLS/LEAS:** If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.



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**2023-2024 SCHOOL YEAR**

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A new application must be submitted each year by April 1<sup>st</sup>. Please complete one application for each student.  
 In order to avoid delays, please print and write legible.

**School Attending 2023-2024** \_\_\_\_\_ **294 – Vertus High School** \_\_\_\_\_

Student ID# \_\_\_\_\_ Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Student Date of Birth \_\_\_\_\_ Gender  M  F

Home Address \_\_\_\_\_ Apt \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Extension \_\_\_\_\_

Pick up location if different from home (Only for **Students in Grades K-8** and must be for 5 consecutive days)

-----NA-----

Drop off location if different from home (Only for **Students in Grades K-8** and must be for 5 consecutive days)

-----NA-----

**Please check if your child has either of the following:** IEP 504 Plan



Signature of  
 Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

I have completed this form in its entirety and read the important information on the reverse side.

Print Parent or Legal Guardian Name \_\_\_\_\_

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**Check if apply and attach supporting documents if needed:**

\_\_\_\_ Foster Care    \_\_\_\_ McKinney Vento Act    \_\_\_\_ Parent/Legal Guardian Disability (Grades K-2 only)

\_\_\_\_ Student Medical Disability

**Application denied:**

\_\_\_\_ Application Incomplete    \_\_\_\_ Other \_\_\_\_\_