Rotterdam-Mohonasen Central School District
Office of Pupil Personnel Services
2072 Curry Road
Rotterdam, NY 12303

To Parent or Guardian: You are being asked to provide the Distrcit with basic demographic information that will assist us in communicating with you, as well as meeting our obligations to you and your child.

Student Name: _____
(First) (Middle) (Last)

Date of Birth _____/ _____/ _____ **Present Grade** _____

Parent Name _____ **Parent Name** _____

Address _____ **Address** _____

_____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

School or other program with which child is associated: (if any)

_____

Individual providing instruction: _____

Date of commencement of Home Instruction: _____/_____/_____

Type of Annual Assessment (Please Check):
_____ Commercial Test _____ Narrative Report

Name of Test _____
Testing Site _____
Testing Administrator _____
Test Evaluator _____
Projected Date of Assessment _____

Dates of Submittal of Attendance Reports: Dates of Submittal of Quarterly Reports:

_____/_____/_____ 1st Quarter _____/_____/_____ 1st Quarter

_____/_____/_____ 2nd Quarter _____/_____/_____ 2nd Quarter

_____/_____/_____ 3rd Quarter _____/_____/_____ 3rd Quarter

_____/_____/_____ 4th Quarter _____/_____/_____ 4th Quarter

Parent Signature _____ **Date** _____

Please return to: Rotterdam-Mohonasen Central School District