

Tiverton School Department
100 North Brayton Road
Tiverton, RI 02878
Phone (401) 624-8475 Fax (401) 624-4086
www.tivertonschools.org

Dear Parent(s)/Guardian(s),

This packet contains the forms necessary to register your child, or children to attend Tiverton Schools. For your convenience the forms are available online. One packet is needed for each child being registered.

In order to expedite the registration and enrollment process you should complete the packet(s) and gather all necessary documentation needed then, please call (401)624-8494 ext. 209 to schedule an appointment with one of our staff members. They will arrange a time to meet with you in person to review all forms and assure that you have provided everything we need to support your child's school success.

I wish your child a wonderful start at their new school.

Sincerely,

A handwritten signature in black ink, reading "William J. Rearick". The signature is written in a cursive style with a large initial "W".

William J. Rearick
Superintendent of Schools

Tiverton School Department

STUDENT REGISTRATION FORM

NEW STUDENT REGISTRATION PACKET

RI school registration regulations require:

According to RI Law 16-2-27, students entering Kindergarten must be 5 years old on or before September 1st of the year in which you are registering your child or children. Students entering 1st Grade must be 6 years old on or before September 1st of the year in which you are registering you child or children.

Prior to enrolling in any of our schools you are required to provide the following information:

1. Parent Photo ID (Driver's license or Military ID)
2. Proof of Residency. Student must reside in Tiverton with Parent/guardian. Originals of **two** of the following will be accepted as proof of residency (all must be current)
 - Mortgage statement with Tiverton address
 - Real estate tax bill
 - Current major utility bill (Electric, Gas or Water)
 - Copy of signed lease with Tiverton address
 - Government Housing Letter with Tiverton address
3. Original Birth Certificate
4. Copy of up to date Immunization Record
5. Should your child's situation involve guardianship or custody, you **MUST** present us with **legal documentation** so we can insure your child's safety

NOTE: The taxpayers of Tiverton pay for our schools. If you are living with family/friends and cannot provide any proof that you reside in town, then the people with whom you reside will need to complete the district's Verification of Residency letter and come to the Administration Office in person to have their signature notarized, bringing two of the above listed proof of residency documents and their photo id. This process would need to be completed and verified prior to any student registration. The district reserves the right to examine and verify all claims of residency.

RI school health regulations require the following:

Students entering Kindergarten through sixth grade should have these vaccinations:

DTP-5 doses with last dose after the fourth birthday
Poliomyelitis- 4 doses, with the last dose after the fourth birthday
Measles, Mumps, Rubella (MMR) - 2 doses, first dose after the first birthday, second dose after fourth birthday
Hepatitis B Vaccine – 3 doses
Varicella (Chickenpox) Vaccine – 2 doses on or after the first birthday
Evidence of lead screening per state regulations
RI School Physical Form from your pediatrician
Proof of Dental Exam

Students entering 7th grade should also have these additional vaccinations:

1 dose of HPV (human papillomavirus) vaccine
1 dose of meningococcal conjugate (meningitis) vaccine
1 dose of Tdap (tetanus, diphtheria, pertussis) vaccine

Students entering 12th grade must have everything above plus this additional vaccination:

1 dose of meningococcal conjugate (meningitis) vaccine - booster dose

Tiverton School Department
STUDENT REGISTRATION FORM

STUDENT RESIDENCY CERTIFICATION

I _____ parent/guardian of _____,
hereby certify that all of the representations made and information provided to the officials
of the Tiverton School Department in support of _____'s
entitlement to attend the Tiverton Public Schools pursuant to Rhode Island General Laws
SS 16-64 *et seq.* and the (including, but not limited to) home addresses and pertinent
family information are true and correct to the best of my knowledge and belief. I
understand that the Tiverton Public Schools may from time to time take steps to verify
_____ 's continued entitlement to attend the Tiverton Public
Schools, including by not limited to, requests to provide further documentation. I
understand that if it comes to the attention of the Tiverton School Department that
_____ is not entitled to attend the Tiverton Schools for a period of time as
prescribed by the Rhode Island Department of Education; I may be liable for payment of
tuition for _____'s attendance at the Tiverton Public Schools.

Parent/Guardian Printed Name

Parent/Guardian Signature
Signed under the pains and penalties of perjury

Witnessed By School Department
Employee Printed Name

Witnessed By School Department
Employee Signature

Tiverton School Department

STUDENT REGISTRATION FORM

PLEASE PRINT and COMPLETE EACH SECTION

Step 1: Student Information (Aspen ID # _____)

Male Female Date of Birth: (Month) _____ / (Day) _____ / (Year) _____ Grade _____

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

Address _____
(Street) (Apt or Unit #) (Town/State) (zip)

School Last Attended _____
(Name of School) (Town/State) (Zip) (Phone#)

Federal standards require that school districts collect and report information regarding race and ethnicity:

Is your child Hispanic or Latino? Yes _____ No _____

What is your child's race?

American Indian Asian Black or African American Native Hawaiian
White Alaska Native or Pacific Islander

Has your child ever been registered and/or enrolled in the Tiverton Public Schools? No Yes

Do you have other children attending Tiverton Public Schools? No _____ Yes _____

Name of Child(ren) _____

Are you a military family? No _____ Yes _____

Step 2: Family Information

1. Parent/Guardian Father Mother Other: _____

Name _____ EMAIL ADDRESS _____
(Last) (First) (Middle)

Address (if different from student) _____
(Street) (Apt #) (Town / State) (zip)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Parent/Guardian Father Mother Other: _____

Name _____ EMAIL ADDRESS _____
(Last) (First) (Middle)

Address (if different from student) _____
(Street) (Apt #) (Town/ State) (zip)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I certify that the information I've provided in this document is accurate, and that the child named above will permanently residing at the indicated address. It is my responsibility to notify the school of any change of information.

Parent/Legal Guardian Signature _____ Date _____

Tiverton School Department

STUDENT REGISTRATION FORM

Student's Name _____ Date of Birth _____ ENTERING GRADE _____

Step 3: Specialized Services Section

- Does your child presently have an Individualized Education Plan (IEP)? Yes No
- Are you providing a copy of your child's IEP? Yes No
- Has your child had a developmental screening from Child Outreach? Yes No
- Does your child have a 504 Accommodation Plan? Yes No
- Does your child presently receive supplemental English Language instruction? Yes No
- Does your child receive any other services not already mentioned? If yes, please explain: Yes No

Step 4: Emergency Contacts & Release Procedures

Each Tiverton School has a full-time School Nurse Teacher assigned. In the event of a major illness or injury, 911 will be called, and we will try to reach you. **If you are unavailable**, we will contact the individuals below in the order listed in the event of an illness or emergency involving your child. The people listed should be available during school hours. Your child may also be released to these individuals under other circumstances at your request or the school's request. Suitable identification (driver's license) will be necessary before the child is released. These are the only people authorized to pick up your child from school. Please complete this section as accurately as possible.

I, _____ (parent/guardian name) authorize the school to release my child to the individuals named below:

	<u>Name</u>	<u>Relationship to Child</u>	<u>Daytime Phone</u> <i>Indicate if Home, Work or Cell</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Step 5: Permission to Photograph/Video Tape Your Child

We are proud of our students and the special events that take place at our schools. Throughout the year we invite the press to events, and we share good news about our schools through our webpage and through social media. **CHECK THE BOX BELOW IF YOU DO NOT GIVE PERMISSION FOR YOUR CHILD TO BE PHOTOGRAPHED OR VIDEOTAPED.** If we have your permission to photograph your child, you need to do nothing.

I **do not** give my consent allowing my child to be photographed or filmed at school events or published in the press, social media, or on the school webpage.

Parent/Guardian Signature _____ Date: _____

Tiverton School Department

STUDENT REGISTRATION FORM

Student's Name _____ Date of Birth _____ ENTERING GRADE _____

Step 6: Home Language Survey

PLEASE COMPLETE THIS FORM **WHETHER OR NOT** YOU SPEAK A LANGUAGE OTHER THAN ENGLISH.

HOME LANGUAGE SURVEY

Perguntas sobre a língua que é mais usada em casa
Preguntas sobre el idioma usado en la casa

1a. WHAT LANGUAGE DID YOUR CHILD LEARN FIRST TO SPEAK? _____

1b. Qual foi a primeira língua que o seu filho aprendeu a falar? _____

1c. ¿Cuál fue el primer idioma que su hijo aprendió a hablar? _____

2a. WHAT LANGUAGE DO YOU USE MOST WHEN SPEAKING TO YOUR CHILD? _____

2b. Qual é a língua que usa o mais quando fala com os seus filhos? _____

2c. ¿Cuál es el idioma que usa con más frecuencia cuando habla con sus hijos? _____

3a. WHAT LANGUAGE DOES YOUR CHILD SPEAK MOSTLY WHEN SPEAKING TO YOU? _____

3b. Qual é a língua que o seu filho usa o mais quando fala consigo? _____

3c. ¿Cuál es el idioma que su hijo habla más frecuentemente cuando habla con Ud.? _____

4a. WHAT LANGUAGE DOES YOUR CHILD USE MOSTLY WHEN SPEAKING TO OTHER ADULT? _____

4b. Que língua usa o seu filho o mais quando fala com outros adultos? _____

4c. ¿Cuál es el idioma que su hijo usa con más frecuencia cuando habla con otros adultos? _____

5a. WHAT LANGUAGE DOES HE/SHE USE WHEN SPEAKING TO SIBLINGS AND FRIENDS? _____

5b. Que língua usa o seu filho para falar com os irmãos e os amigos? _____

5c. ¿Cuál es el idioma que su hijo habla con los hermanos y los amigos? _____

6a. IF YOUR CHILD WAS **NOT** BORN IN THE UNITED STATES, WHERE WAS HE/SHE BORN? _____

What year did he/she enter this country? _____

6b. Se sua criança não nasceu nos Estados Unidos, em que país nasceu? _____

Em que ano entrou neste país? _____

6c. ¿Si su niño no nació en los Estados Unidos, en qué país nació él/ella? _____

¿En qué año entró él o ella en este país? _____

Tiverton School Department

STUDENT REGISTRATION FORM

Student's Name _____ Date of Birth _____ ENTERING GRADE _____

Step 7: Student Health Section

IF YOU ANSWER YES TO ANY QUESTION, PLEASE EXPLAIN

1. Has your child ever had any operations or serious illnesses? If yes, please explain. Yes No

2. Has your child had any serious accidents? If yes, please explain. Yes No

3. Does your child wear glasses, contacts, braces, hearing aids, or other corrective device? Yes No

4. Has your child had the following (Give month, year and/or age if known):

Chicken Pox _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart condition _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pneumonia _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nosebleeds _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seizures _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequent sore throats _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	High fevers _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scarlet Fever _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Eczema _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Polio _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Measles or Mumps _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rheumatic Fever _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tuberculosis _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ear Infections _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Migraines _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diphtheria _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (please specify) _____		
Eye condition _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
5. Has your child had a neurological evaluation? If yes, when? _____ Yes No
6. Has your child had a psychological evaluation? If yes, when? _____ Yes No
7. Is your child restricted from physical activities? If yes, please explain. Yes No

8. Is your child allergic to medicines/drugs? If yes, please specify. Yes No

 - a. Is your child allergic to plants/foods? If yes, please specify. Yes No

 - b. Is your child allergic to insect stings? If yes, please specify. Yes No

9. If you answered yes to question #8, does your child take medicine for this allergy? Yes No
If yes, please specify. (i.e. Benadryl, Epi-Pen, etc.) _____
10. Does your child have asthma? If yes, date diagnosed: _____ Yes No
If yes, what medication(s) does he/she take: _____
11. Does your child take any daily medications? If yes, please specify. _____ Yes No
12. Will medications be given at school? _____ Yes No
13. What medications are given frequently, but not daily? _____
14. Would you like a conference with the school nurse? _____ Yes No

PARENT SIGNATURE: _____ **DATE:** _____

Tiverton School Department

STUDENT REGISTRATION FORM

Student's Name _____ Date of Birth _____ ENTERING GRADE _____

Step 7: Student Health Section

MEDICAL ADMINISTRATION

DOES YOUR CHILD HAVE A PHYSICIAN'S WRITTEN ORDER TO TAKE MEDICATION ROUTINELY DURING THE SCHOOL DAY? YES NO IF NO THIS FORM IS NOT APPLICABLE

PHYSICIAN MEDICATION AUTHORIZATION FORM

Student Name _____ DOB _____ / _____ / _____

Name of Medication _____ Daily _____ PRN _____

Dosage while in school _____ Route of Administration _____ Time to be Given _____

Diagnosis _____

Is this a new medication _____ Expected Duration _____

List of significant side effects _____

Self-carry/self-administer in the school setting:

Please circle the appropriate response below, (DOES NOT APPLY TO CONTROLLED SUBSTANCES)

- Do you authorize this child to self-carry the above ordered medication in the school setting? *(Excludes elementary grade students)* Yes No
- Do you authorize this child to self-administer the above medication in the school setting? Yes No

Field trip information

Please circle the appropriate response below.

- On an off-site school sponsored activity without a nurse present, this student may self-carry the above medication? *(Excludes elementary grade students)* Yes No
- On an off-site school sponsored activity without a nurse present, this student may self-administer the above ordered medication? Yes No
- The above medication may be omitted. Yes No

Print Physician Name _____ Phone _____

Physician Signature _____ Date _____ / _____ / _____

Address _____

Parent/Guardian Authorization

I authorize the above medication to be administered to my child under the direction of my health care provider. I give my permission to the school nurse to contact my health care provider regarding this medication if necessary.

- My child may self-carry the prescribed medication. *(Excludes elementary grade students)* Yes No
- My child may self-administer the prescribed medication. *(Excludes elementary grade students)* Yes No

Signature of Parent/Guardian _____ Date _____ / _____ / _____

Tiverton School Department

STUDENT REGISTRATION FORM

Student's Name _____ Date of Birth _____ ENTERING GRADE _____

Step 7: Student Health Section

SEVERE ALLERGY PROCEDURE

DOES YOUR CHILD REQUIRE THE NEED OF A SPECIFIC EMERGENCY CARE PLAN FOR SEVERE ALLERGIES OR DIABETES? YES NO

IF NO THIS FORM IS NOT APPLICABLE

Student Name _____ DOB _____ / _____ / _____
Name of Medication _____ Daily _____ PRN _____
Dosage while in school _____ Route of Administration _____ Time to be Given _____
Diagnosis _____

Is this a new medication _____ Expected Duration _____

List of significant side effects _____

Self-carry/self-administer in the school setting:

Please circle the appropriate response below. (DOES NOT APPLY TO CONTROLLED SUBSTANCES)

- Do you authorize this child to self-carry the above ordered medication in the school setting? (Excludes elementary grade students) Yes No
- Do you authorize this child to self-administer the above medication in the school setting? Yes No

Field trip information:

Please circle the appropriate response below.

- On an off-site school sponsored activity without a nurse present, may this student self-carry the above medication? (Excludes elementary grade students) Yes No
- On an off-site school sponsored activity without a nurse present, may this student self-administer the above ordered medication? (Excludes elementary grade students) Yes No
- The above medication may be omitted. Yes No

Print Physician Name _____ Phone _____

Physician Signature _____ Date _____ / _____ / _____

Address _____

Parent/Guardian Authorization

I authorize the above medication to be administered to my child under the direction of my health care provider. I give my permission to the school nurse to contact my health care provider regarding this medication if necessary.

- My child may self-carry the prescribed medication. (Excludes elementary grade students) Yes No
- My child may self-administer the prescribed medication. (Excludes elementary grade students) Yes No

Signature of Parent/Guardian _____ Date _____ / _____ / _____

Tiverton School Department

STUDENT REGISTRATION FORM

Student's Name _____ Date of Birth _____ ENTERING GRADE _____

Step 7: Student Health Section

**THIS FORM IS ONLY APPLICABLE FOR STUDENTS ATTENDING TIVERTON MIDDLE SCHOOL
AND TIVERTON HIGH SCHOOL**

ACETAMINIPHEN (GENERIC TYLENOL) MEDICATION RELEASE FORM

Do you wish to have the school nurse administer acetaminophen to your child? Yes No
Please read entire form & sign below

Medication (including Tylenol, Advil, and aspirin) are not to be carried by a student during the school day. All medications are to be kept in the nurse's office unless the school receives written authorization for a student to self/carry and self/administer the medication.

ACETAMINOPHEN, not aspirin, is the medication of choice as aspirin should not be given during flu/cold season due to possibility of Reyes Syndrome.

It is understood that parents will be notified if the requests for ACETAMINIPHEN are excessive. Under the advice of the school physician, Dr. Miniutti, a student requesting 4 or more does of acetaminophen per month will need to obtain a written doctor's order for this medication.

This permission remains in effect for all the years your child is registered with the Tiverton School Department. This form is to be filled out for all incoming new students.

I the undersigned assume all responsibility for the medication to be given.

Student Name _____ DOB _____/_____/____

Grade _____ Homeroom _____ Teacher _____

Sign Here for Acetaminophen (Generic Tylenol) _____ Date _____
Parent/Guardian

**Tiverton School Department
STUDENT REGISTRATION FORM**

Student's Name _____ Date of Birth _____ ENTERING GRADE _____

Step 7: Student Health Section

REPORT OF PHYSICIAN

YOU ARE REQUIRED EVIDENCE THAT YOUR CHILD HAS HAD A RECENT SCHOOL PHYSICAL.

The state of Rhode Island provides a form for this.

This form is available at: www.health.ri.gov/forms/school/Physical.pdf

REPORT OF DENTAL EXAMINATION

THIS IS TO CERTIFY THAT I HAVE EXAMINED THE TEETH OF:

NAME _____ **GRADE** _____

_____ **NO DENTAL TREATMENT NECESSARY**

_____ **TREATMENT IN PROGRESS**

_____ **TREATMENT COMPLETED**

DENTIST SIGNATURE _____ **DATE** ____ / ____ / ____

Tiverton School Department

STUDENT REGISTRATION FORM

Student's Name _____ Date of Birth _____ ENTERING GRADE _____

Step 8: ACKNOWLEDGEMENT OF FERPA NOTICE
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The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all public schools. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level.

- the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.

Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to Rhode Island laws.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. For additional information, you may call 1-800-USA-LEARN (1-800-872-5327).

PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ THE ABOVE INFORMATION:

Signature

Date

Tiverton School Department

STUDENT REGISTRATION FORM

Student's Name _____ Date of Birth _____ ENTERING GRADE _____

Step 9: Student Directory Information

FERPA regulations note that schools may disclose, without consent, "directory" information. The Tiverton School Department has designated the following as "Student Directory Information:"

<i>Name</i>	<i>Participation in School Activities and Sports</i>
<i>Photograph</i>	<i>Weight & Height of students on high school teams</i>
<i>School Student Attends</i>	<i>Honors and Awards received</i>
<i>Grade Enrolled</i>	<i>Major Field of Study</i>
<i>Dates of Attendance</i>	<i>Date and Place of Birth</i>
<i>Telephone Number(s)</i>	<i>Mailing Address</i>
<i>Email Address</i>	<i>Other information considered directory</i>

In addition, names, addresses and phone numbers of high school students may be provided to military recruiters, if requested.

If you do not want the Tiverton School Department to disclose any of above directory information and/or information sought by military recruiters without your prior consent then you must provide a written notice (such as the one provided below) with your signature to the Principal of your child's school before September 21st.

Please refer to your child' school handbook for additional information on student records.

PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ THE ABOVE INFORMATION:

Signature

Date

OPTIONAL

REQUEST TO WITHHOLD DIRECTORY INFORMATION

I am requesting that the Tiverton School Department *NOT* release Directory Information concerning my child, _____ born on _____.

Signature

Date

Tiverton School Department

STUDENT REGISTRATION FORM

Student's Name _____ Date of Birth _____ ENTERING GRADE _____

Step 10: Student Transportation Procedure
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District bus routes are based on providing transportation to and from each student's home.

Due to the fact that routes are structured during the summer months, any and all requests for altering your child's bus route will need to be submitted to the student's school of attendance no later than August 1st of **each** school year for consideration.

- Any request received after August 1st may not be considered until the third week of September.
- Requests that fall within the school's existing bus routes are more likely to be honored.
- Upon approval of a requested change, the change in route will apply to all five days of the week.

Students may have only **one** alternate designated pickup/drop-off plan to ensure safety and to monitor bus capacities.

My child _____ will have the following alternate pickup/drop off for the _____ school year.

Location of Alternate Pick-up _____
For all 5 days

Location of Alternate Drop off _____
For all 5 days

Parent/Guardian _____ Date ____ / ____ / ____
Signature

Tiverton School Department

STUDENT REGISTRATION FORM

Student's Name _____ Date of Birth _____ ENTERING GRADE _____

Step 11: Request for Licensed Child Day Care Center Drop-Off

Date of Request ____/____/____

Student Name _____ DOB ____ / ____ / ____

Student Residence _____

Request for School Year _____ Student will be in grade _____

Assigned School _____

Parent or Legal Guardian _____

Parent or Legal Guardian Residence _____

Child Day Care Center _____

Address of Child Day Care Center _____

Child Day Care Drop Off Location _____

Please note all signatures are required prior to district transport to location other than your home address.

You can print out a copy of this page for signatures and return it to your child's school.

Parent's Consent: I hereby authorize the Tiverton School Department to transport my son/daughter to the day care center specified above and also certify that I have made arrangements for representatives of specified day care center to take responsibility for my child's welfare beginning at the time my child arrives at the location designated herein.

Parent/Guardian _____ Date ____/____/____
(Signature)

Day Care Provider Consent: I acknowledge that I have been designated as the day care provider for the specified student and accept full responsibility for this child's welfare beginning at the time the child arrives at the location designated herein.

Day Care Provider _____ Date ____/____/____
(Signature)

Day care drop-off requests must be approved by the Superintendent of Schools. If approved, child day care drop-off requests are granted for a **one year period** and must be applied for annually.

Recommended by: _____ Date ____/____/____
(Principal Signature)

Approved by: _____ Date ____/____/____
(Superintendent Signature)

Tiverton School Department

STUDENT REGISTRATION FORM

Student's Name _____ Date of Birth _____ ENTERING GRADE _____

Step 12: Student Records Release Form

This section applies to students transferring in from another district.

I hereby give permission to the school department listed below to release all records for my child to the Tiverton Public Schools, Tiverton, RI 02878.

Parent/Guardian _____ Date ____/____/____
(Signature)

Please Provide the Previous District Contact Information.

District Name

City State Zip

Telephone

Records to be released to:

- | | | |
|---|--|---|
| <input type="checkbox"/> Ranger Elementary
278 N. Brayton Rd
Tiverton RI 02878 | <input type="checkbox"/> Pocasset Elementary
242 Main Rd
Tiverton RI 02878 | <input type="checkbox"/> Fort Barton Elementary
99 Lawton Ave
Tiverton RI 02878 |
| <input type="checkbox"/> Tiverton High School
100 N. Brayton Rd
Tiverton RI 02878 | <input type="checkbox"/> Tiverton Middle School
10 Quintal Dr.
Tiverton RI 02878 | |

Tiverton School Department

STUDENT REGISTRATION FORM

Student's Name _____ Date of Birth _____ ENTERING GRADE _____

Step 13: Directory Information

Dear Parent or Guardian,

Please be aware that Rhode Island law requires that the Tiverton School Department provide a directory to the Tiverton Police Department containing the names and addresses of all parents' of students. The reason for the directory is to allow the police department to notify parent(s)/guardian(s) if a convicted sex offender takes up residency in the Town of Tiverton. Pursuant to the Rhode Island Sex Offender Registration and Community Notification Act, it is the responsibility of the police department under the law to notify parents and community members of the registration of convicted sex offenders in certain circumstances.

If any parent/guardian does not want to be notified by the Tiverton Police Department, please call my office at 401-624-8475. Please also complete the bottom of this page indicating the name of your child or children enrolled in the Tiverton School Department, and also include your signature and address.

You will continue to receive sex offender registration information from the Tiverton Police Departments unless and until you notify the Tiverton School Department that you wish to remove your child/children's name from the directory, or until your child or children no longer are enrolled in the Tiverton Schools, whichever occurs first.

Sincerely,

William J. Rearick
Superintendent of School

I _____, wish **not to** receive notifications concerning sex offenders from the Tiverton Police Department.

Parent Signature

Date

Child and /or children's names:

1. _____
2. _____
3. _____
4. _____

Tiverton School Department

STUDENT REGISTRATION FORM

Student's Name _____ Date of Birth _____ ENTERING GRADE _____

THIS SECTION FOR OFFICE USE ONLY

LASID # _____

SASID# _____

REGISTRATION DATE ____/____/____

START DATE ____/____/____

GRADE _____ Session: AM/PM

IDENTIFICATION

- Birth Certificate (Original)
- Passport
- DCYF Intrastate ID Card (also serves as proof of residency).

IMMUNIZATIONS

- Checked by _____
 Checked on ____/____/____
- Complete Packet
 - Supported by DCYF

PROOF OF RESIDENCY

- Mortgage Statement
- Real Estate Tax Bill
- Utility Bill
- Lease or Rental Agreement
- Gov Housing Letter

PLACEMENT

- Neighborhood school _____
- Program placement _____
- Out-of-district _____
- Lang Screening (check if EL screen required)
- Confirmed with _____

- Registration
- Enrollment
- Neighborhood/ assigned school noted in Comments (out of district only)
- Contacts entered
- "New Student" email sent

Registered by: _____