

Registration Form Instructions

Documents Needed to Register Your Child (copies please):

- Birth Certificate (state issued - long form; not wallet card or hospital record)
- Proof of Residency; Please see following page for acceptable documents.
All documents must be current.
- Child's current immunization records

Student Information:

Fill in all the blanks.

Student Residence:

Fill in all the blanks.

Parent/Guardian Information:

Fill in all the blanks for both parents.

Emergency Contacts:

Fill in all the blanks and provide both home and cell phone numbers. (if applicable)

Ethnic Background:

Check appropriate boxes, sign and date. This form must be Notarized - the School District can provide this service if needed. You must provide a photo ID. If you are mailing the kindergarten registration you must have it notarized.

State of Rhode Island School Physical Form:

This form needs to be filled out by your child's pediatrician prior to attending school.

School Health Questionnaire:

Fill in all the blanks to the best of your knowledge.

Release of Records:

Complete form with information pertaining to former school.

ESL/Language Survey:

Fill in all the blanks.

Child Care Transportation Request Form:

Fill in all the blanks if your child will be attending daycare before and after school or going to a different address other than their home address. This request must be for five (5) consecutive days and honored only if there is room on the bus and a bus is going to that location from their school.

Please return all the above information to the Administration Building (located at 151 State Street in Bristol). If you have any questions, please call 253-4000 Ext. 5104.

Thank you and welcome to the Bristol Warren Regional School District.

SCHOOL ADMISSIONS

Any child qualified for admission to the Bristol Warren Regional School District may at any time be admitted to school by completing the established admissions and residency protocols.

In order to establish residency for the purpose of enrolling students in the Bristol Warren Regional School District, you must provide **two** current sources of residency verification; one primary source from list A **and** one secondary source from list B.

You may use list C only if it is determined that you are unable to provide the items listed in both A. and B.

A. Primary:

- Mortgage Statement *or*
- Real Estate Tax Bill *or*
- Formal Lease (signed by both parties) *or*
- Notarized Letter from Landlord including current date, name of landlord, name of tenant/s and address
(must be accompanied by RE Tax Bill or Mortgage Statement in Landlord's name).

B. Secondary: Household Utility Bill

- Gas *or*
- Water *or*
- Electric *or*
- Oil

C. Affidavit of Residency: *(only if unable to use options A and B) must provide all three documents.*

- a. Notarized Affidavit of Residency by Parent – (cannot be notarized by an employee of the Bristol Warren Regional School District)
- b. Notarized Affidavit of Residency by Resident – (cannot be notarized by an employee of the Bristol Warren Regional School District)
- c. One item from either A or B in resident's name

The school department will conduct registration of students who plan to enter Bristol Warren Regional School District for the first time during the spring preceding the school year of admission.

ADOPTED: January 24, 1994

Revised: July 16, 2007

December 9, 2013

LEGAL REF.: 16-38-2

16-64-1

<http://webserver.rilin.state.ri.us/Statutes/title16/16-38/16-38-2.htm>

<http://webserver.rilin.state.ri.us/Statutes/title16/16-64/16-64-1.htm>

CROSS REF.: JEB, Entrance Age

JECA/JECB, Admission of Resident/Nonresident Students

JHCB, Inoculation of Students

BRISTOL WARREN REGIONAL SCHOOL DISTRICT REGISTRATION FORM

Grade: _____ School Year: _____ Date of Application: _____

STUDENT INFORMATION:

Last Name	First Name	Middle Initial	Y / N	Y / N
Gender	Date of Birth	Birth Place	Special Education	Individual Education Plan

Social Security Number _____ Date of entry into USA (if not born in USA) _____

STUDENT RESIDENCE:

Street	Apt/ Unit #	City	State	Zip	Home Phone	Cell Phone (If different)
Student Lives With: Mother _____ Father _____ Grandparent _____ Aunt _____ Uncle _____ Legal Guardian/ Other _____						
Student Mailing Address (if different than residence) _____						
Other children in family: _____ age _____ age _____ age _____ age _____ age _____						
Home Language: _____						
Is there any other legal information that the school should be made aware of? (Documentation is required)						

PARENT/GUARDIAN CONTACT INFORMATION:

Relationship to Student	Last Name	First Name	Middle Initial	Cell Phone #	
Street	City	State	Zip	Email	
Employer Name	Street	City	State	Zip	Phone #
Correspondence Permissions: Contact has: Portal access _____ Contact Receives: Conduct Mail _____ Grade Mail _____ Other mail _____ E-mail _____ ConnectEd _____					

Relationship to Student	Last Name	First Name	Middle Initial	Cell Phone #	
Street	City	State	Zip	Email	
Employer Name	Street	City	State	Zip	Phone #
Correspondence Permissions: Contact has: Portal access _____ Contact Receives: Conduct Mail _____ Grade Mail _____ Other mail _____ E-mail _____ ConnectEd _____					

Please provide two local contacts if we are unable to reach parent or guardian or in case of an early dismissal:
(Contacts without complete addresses cannot be entered into Database)

Relationship to Student	Last Name	First Name	Street	City	State	Zip	Phone #
Relationship to Student	Last Name	First Name	Street	City	State	Zip	Phone #

Student's Physician:

Name	Street	Ste #	City	State	Zip	Phone #
Has your child ever attended Bristol Warren Schools? Y / N School: _____ What Year(s): _____						

Transfer Information: (if applicable)

School Name	Street	City	State	Zip	Phone #
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School Name & Address:



Health Care Provider Name and Address:

STATE OF RHODE ISLAND SCHOOL PHYSICAL FORM

Phone:

This form may substitute for any district-issued form. All districts must accept this form. General health examinations shall be documented in a standardized format with one copy available from the Rhode Island Department of Health or in any such format that captures the same fields of information (R16-21SCHO Section 8.4)

Student Name: Last	First	Middle	Date of Birth	Sex
Address: Street	Apt #	City	State	Zip Code
			Home Phone	

PLEASE COMPLETE ALL INFORMATION BELOW (May attach immunization transcript).

IMMUNIZATIONS					
Please enter dates in MM/DD/YYYY format					
Hepatitis B					
Diphtheria-Tetanus-Pertussis DTP/DTaP	Check <input type="checkbox"/> if DT	Check <input type="checkbox"/> if DT	Check <input type="checkbox"/> if DT	Check <input type="checkbox"/> if DT	Check <input type="checkbox"/> if DT
Pneumococcal Conjugate PCV					
Polio					
Haemophilus Influenzae Type B Hib					
Measles-Mumps-Rubella MMR					
Varicella			<input type="checkbox"/> Student has history of varicella disease		
Tetanus-Diphtheria-Pertussis TdaP/Td	Check <input type="checkbox"/> if Td	Check <input type="checkbox"/> if Td	Check <input type="checkbox"/> if Td		
Rotavirus					
Hepatitis A					
Meningococcal					
HPV					

Immunization Exemption: ☐ Medical ☐ Religious

☐ Hep B ☐ DTaP ☐ PCV ☐ Polio ☐ Hib ☐ MMR ☐ Varicella ☐ Td/Tdap ☐ Rotavirus ☐ Hep A ☐ Mening ☐ HPV

PHYSICAL EXAMINATION

Date of PE ____/____/____ Height _____ Weight _____ BP _____

Please note any health problem, chronic health condition or disability that may affect behavior or health at school:

ASTHMA: No ☐ Yes ☐ DIABETES: No ☐ Yes ☐ OTHER: _____

Significant Systems Findings: _____

ALLERGIES: No ☐ Yes ☐ (Please explain) _____ EPINEPHRINE AUTO-INJECTOR REQUIRED: No ☐ Yes ☐

Treatment Plan: _____

MEDICATION (REQUIRED AT SCHOOL): No ☐ Yes ☐ (Please list) _____

Other medication(s) that may affect behavior or health at school: _____

RESTRICTIONS: Can participate in physical education: Fully ☐ With limitation ☐ _____

Can participate in sports: Fully ☐ With limitation ☐ _____

LEAD SCREENING (Required for children < 6 years of age only) Student is in compliance with lead screening requirements: Yes <input type="checkbox"/> No <input type="checkbox"/>	SCOLIOSIS SCREENING Yes <input type="checkbox"/> No <input type="checkbox"/>	VISION SCREENING (Children entering Kindergarten) <input type="checkbox"/> Passed screening <input type="checkbox"/> Screened and referred for comprehensive exam <input type="checkbox"/> Referred for comprehensive exam, but not screened Screening Date: _____ Comprehensive Exam Date: _____
TUBERCULOSIS (If required by school district) Date of TB test: _____		

HEALTH CARE PROVIDER SIGNATURE: _____

DATE: _____

PRINT NAME: _____

BRISTOL WARREN REGIONAL SCHOOL DISTRICT

School Health Questionnaire and Release Form

Name of child: _____
Last First MI

Gender: Male Female
(circle one)

Physician: _____ Phone number _____

Date of last physical exam: _____

Date of Birth: _____
(Month/day/year)

Place of Birth: _____
(city, state, country)

Adopted: _____ Does child know he/she is adopted? _____
(give date)

Foster Child: _____
(give date)

Family:

1. Who is filling out this questionnaire? _____

2. Home Address: _____

3. Home telephone number: _____

4. Are parents: living together ____ Divorced ____ Separated ____ Widowed ____ Remarried ____

5. With whom does the child reside? _____

6. Does the child have contact with non-custodial parent? Yes ____ No ____

7. Father: _____

Occupation: _____ Date of Birth: _____

Place of Employment: _____

8. Mother: _____

Occupation: _____ Date of Birth: _____

Place of Employment: _____

9. Other Children:

Name: _____ Sex: _____ Date of Birth _____ Grade _____

Name: _____ Sex: _____ Date of Birth _____ Grade _____

Name: _____ Sex: _____ Date of Birth _____ Grade _____

Name: _____ Sex: _____ Date of Birth _____ Grade _____

10. Others living in the home (other than your own children):

11. Previous School attended _____

ANNUAL HEALTH RECORD UPDATE

IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE OF ANY CHANGES REGARDING YOUR CHILD'S HEALTH.

School Year: _____ School: _____ Grade: _____ Teacher: _____

Student's Name: _____

1. Does your child have any of these health problems?

Diabetes____ Asthma____ Heart____ Seizures____ ADHD____ Hearing____ Vision _____

Explain _____

2. Does your child use an inhaler? YES ____ NO ____ If yes, specify _____

3. Does your child wear glasses/contacts? YES ____ NO ____ For: Reading____ Distance____ Full time____

4. Does your child take medication at home? YES ____ NO ____ *List medications, dose and frequency.*

5. Does your child have any allergies to foods, medications or environment? YES ____ NO ____

<u>Type</u>	<u>Reaction</u>	<u>Treatment</u>
_____	_____	_____
_____	_____	_____

General Dental Health Screening Requirements Every student shall be given an annual dental screening by a licensed dentist or dental hygienist through the fifth (5th) grade.

6. Do you wish to have your child participate in the annual dental screening? YES ____ NO* ____
(Students who are screened by private dentists/dental hygienists and who provide written documentation of the screening being performed at the prescribed intervals may elect not to be screened.)

****If you answered NO please provide written documentation from your dental office.***

Dentist: _____ **Last Visit:** _____

(If this information is not provided, your child will be required to participate in the Dental Screening.)

7. Would you like your child to receive free dental care through the East Bay SMILES Program & MOLAR Express? YES ____ NO ____ (consent forms to follow.)

8. Annual Hearing Screenings will be completed by the RI Hearing Center. Does your child have:
History of ear infections? YES ____ NO ____ Does your child have Ear Tubes? YES ____ NO ____
Are ear tubes still patent? YES ____ NO ____

9. Is there anything more about your child's health that you think is important for us to know?

Health information will be shared with appropriate school staff for the health and safety of your child.

I GIVE THE SCHOOL NURSE PERMISSION TO CONTACT MY STUDENT'S PHYSICIAN, DENTIST OR OTHER AGENCIES SHOULD IT BECOME MEDICALLY NECESSARY.

Parent/Guardian Signature

Date

RACE ETHNICITY DATA COLLECTION

In accordance with new race and ethnicity guidelines from the U.S. Department of Education, please respond to BOTH of the following questions:

1. Is this child or student (or Are you) Hispanic/Latino? (Choose only one of the following):
- No, not Hispanic/Latino
 - Yes, Hispanic/ Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following by marking one or more boxes** to indicate what you consider your child or student's (or your) race to be.

2. What is the child or student's (or your) race? (Choose one or more)
- **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
 - **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
 - **Black or African American** (A person having origins in any of the black racial groups or Africa.)
 - **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
 - **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

The aforementioned student must be a legal resident of Bristol Warren. Proof of residency may include lease agreement, tax bill, utility bill or any combination as required by the School Department.

The undersigned hereby certifies that this student is legally residing permanently with me at the aforementioned address and is not merely in residence only to attend school in Bristol Warren. Should student's address change at any time, I will immediately notify the Bristol Warren Public Schools.

I understand that should student fraudulently register for school or become a non-resident and remain in school, I will be personally responsible for the payment of tuition at the prevailing rate.

Pursuant to the Rhode Island General Laws Section 11-18-1 (false documents), and Section 11-33-1 (perjury), I certify that the provided information is true and may be relied upon in enrollment in the Bristol Warren Public Schools at public expense.

11-18-1 GIVING FALSE DOCUMENT TO AGENT, EMPLOYEE, OR PUBLIC OFFICIAL..No person shall knowingly give to any agent, employee, or servant in public or private employ, or public official any receipt, account, or other document in respect of which the principal, master, or employer, or state, city, or town of which he is an official is interested, which contains any statement which is false or erroneous, or defective in any important particular, and which, to his knowledge, is intended to mislead the principal, master, employer, or state, city, or town of which he is an official. Any person who violates any of the provisions of the section shall be deemed guilty of a misdemeanor, and shall, on conviction thereof, be imprisoned, with or without hard labor, for a term not exceeding one (1) year, or be fined not exceeding one thousand dollars(\$1000).

173 PERJURY AND FALSE SWEARING-11-33-1. PERJURY..Every person of whom an oath or affirmation is or shall be required by law, who shall willfully swear of affirm falsely in regard to any matter or thing respecting which such oath or affirmation is or shall be required, shall be deemed guilty of perjury.

Signature of Adult _____ Relationship to Student _____ Date _____

Subscribed and Sworn to pursuant to Rhode Island General Laws this _____ day of _____

Notary Public

Print Name of Notary _____

(Seal)

Address of Notary _____

OFFICE USE ONLY (NO REGISTRATION IF THIS FORM IS NOT COMPLETED)

Y/N	Y/N	Y/N	/	/	Y/N
Birth Certificate	Immunization Verified	Residency Confirmed	Residency Document	Area Confirmed	
/ /	/	/	/	/	Y/N
Start Date	Student ID #	Siblings-School	Transcript Requested	Home School	
/	/	/	/	/	
School No.	Homeroom	District	Street	Computer	

Bristol Warren Regional School District
151 State Street, Bristol, RI 02809-2205

LANGUAGE SURVEY FORM

The cultural composition of our community is one of our major assets. Language is a major means of cultural expressions. Accordingly, we are attempting to identify the cultural resources we have in our community. This questionnaire will help us in determining the home language of all students and also assist us in providing each student with the most appropriate educational program.

LAST NAME	FIRST NAME	M.I.	GRADE
1. What Languages are spoken in your home?		English _____	Other _____
2. Which Language did your child learn when he/she first began to talk?		English _____	Other _____
3. What Language do you use most frequently when speaking to your child?		English _____	Other _____
4. What Language does your child use most frequently when speaking to you?		English _____	Other _____
5. What Language does your child use most frequently when speaking to others?		English _____	Other _____
6. If your child is cared for by another person on a regular basis, what language is most frequently used?		English _____	Other _____
7. In what Language do you prefer communications be sent home?		English _____	Other _____

STUDENT INFORMATION

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete the following information regarding your child. Your cooperation is appreciated.

Student Social Security Number: _____ (Check one): Male _____ Female _____

Check one of the following Race / Ethnic Groups:

____ Hispanic ____ Black ____ White ____ American Indian / Alaskan Native ____ Asian / Pacific Islander

Date: _____ Signature of Parent/Guardian _____

The Bristol Warren Regional School District does not discriminate on the basis of age, sex, race, religion, national origin, color, disability or sexual orientation in accordance with applicable laws and regulations.

**Authorization for Release of Information to Bristol Warren Regional
School District**

I hereby authorize the _____
(School Name and Address)

to release the following information from the record of _____
(First Name)
_____ to the Bristol Warren Regional School District.
(Last Name)

Date of Birth: _____ Last Grade Attended: _____

Signature of Parent/Guardian

Date

Requested Information:

Cumulative Folder	_____
Health Record	_____
Attendance Record	_____
Copy of Latest Report Card	_____
Educational Testing Results	_____
Individual Educational Plan (IEP)	_____
Remedial/Chapter 1 Services	_____
Other (specify)	_____

**** Parental permission is no longer required when records are requested by authorized personnel. (Family Educational Right and Privacy Act, Final Rule on Educational Records. Federal Register June 17, 1976, Vol. 41, No. 118, page 24673).**

Transportation Form

District Policy: 1 Student, 1 Seat, 1 Bus.

For the safety of your child, they will be transported to one location 5 days per week.

District Policy: Kindergarten & 1st Grade Students - A responsible adult must meet the bus at the bus stop.

For the safety of your child a parent or an assigned, responsible adult must meet the bus, or the student will not be dropped off.

District Policy: All bus transportation is provided to and from the student's home address unless Section 3 of this form is filled out & approved by Administration.

IMPORTANT: There will be a 3 day waiting period for Forms received after the start of school.

☐ New

☐ Change

☐ Transfer

SECTION 1: (Fill out for each student.)

Student ID# _____

Child's Name: _____ Parent Name: _____

Street Address: _____ Town: _____ Old Address: _____

Child's School: _____ Grade: _____ Old School: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

Emergency Contact: _____ Home: _____ Cell: _____

SECTION 2: (Fill out only if using busing to/from home address and/or driving your child.)

MORNING TRANSPORTATION	AFTERNOON TRANSPORTATION
<input type="checkbox"/> My child will take the bus to school from the above address.	<input type="checkbox"/> My child will take the bus to the above address after school.
<input type="checkbox"/> I will drive my child to school	<input type="checkbox"/> I will pick up my child after school

SECTION 3: (Fill out if needing an alternate [home or childcare] address within your school attendance area.)

My child will be needing transportation from the closest bus stop to this address:

☐ Before School **only**
☐ After School **only**
☐ Before **and** After School

Contact Name: _____ Contact Telephone# _____

Street: _____ Town: _____

* Children will not be picked up or dropped off at a business location

SECTION 4: (Fill out if using COZ – a fee based, district sponsored child care program; check all that apply.)

☐ I have registered or will be registering my child with COZ – before school care.

☐ I have registered or will be registering my child with COZ – after school care.

***Parent is responsible for registering with COZ by calling the COZ Office @ 245-1460 ext. 1375.**

***Parent is responsible for transportation to/from COZ**

SECTION 5:

 Parent/Guardian Signature

 Date

New Bus # _____

New Time: _____

New Bus Stop: _____

Start Date: _____

INSTRUCTIONS/CONDITIONS FOR CHILD CARE TRANSPORTATION

- **COMPLETE THIS TRANSPORTATION FORM FOR EACH STUDENT (WHETHER RIDING THE BUS OR NOT) WHO IS NEW TO THE DISTRICT, STARTING KINDERGARTEN, OR ATTENDING A CHILD CARE PROGRAM (INCLUDING COZ), OR IF YOU ARE MAKING ANY CHANGES TO CHILDCARE.**

- **CHILD OPPORTUNITY ZONE (COZ) CHILDCARE:**
 1. If you plan to send your child/children to the school district sponsored COZ Before & After School Child Care program, **please call 245-1460 x 1375 for more information regarding fees or to request an application.** Programs are held at all four district elementary schools: Colt Andrews, Hugh Cole, Guiteras, and Rockwell with the morning programs opening at 7 AM and the after school programs closing at 6 PM. Parents have the flexibility of choosing almost any combination of care, but are responsible for transporting their child to the site before school and for picking them up from the site after school. At the time of enrollment, parents/guardians will be given a "Child Care Transportation Request Form" as part of their enrollment packet.
 2. If a student does not attend the COZ program for 5 consecutive days than the day they do not attend they must be picked up by an adult. They will not be bussed to their home on the days they do not attend COZ.
 3. It is the parent's responsibility to notify their child's teacher and COZ of any changes made to their schedule.

- **STUDENTS ENROLLED IN ANY (OTHER THAN COZ) CHILD CARE SERVICES:**
 1. **Students will ONLY BE BUSED** to and/or from childcare services within his/her designated school attendance area.
 2. **Busing requests MUST be for five days a week.** Changes that require a student to ride a different bus than he/she would ride from home will only be approved if the change is for five days a week.
 3. **In order to initiate a transportation request or change,** parents/guardians must fill in a "Transportation Form" (available at child's school) and return it to their child's school. The attending school will forward the form to the transportation company which, after ascertaining that there is no scheduling conflict; will forward the form to the Superintendent's office for final approval. The Superintendent's office will notify the student's school, parent/guardian, and the transportation company of approval or denial of the request.
 4. **All information required on the form must be completed before the request will be processed.**
 5. **Plan ahead!** Only bus stop requests that are received and approved prior to August 7th will be processed and in place when school opens.
 6. **Requests for transportation changes during the school year (October through June)** usually require at least three days to fulfill, will be limited to a resident's address/bus stop **and** to the following restrictions:
 - a. The request will not cause a student overload on the bus in question.
 - b. The request will not cause additional time to accrue to a bus run.
 - c. The request will not cause additional mileage to accrue to the bus in question.
 - d. The request will not cause the rescheduling of a bus route or the addition of bus stops to the bus in question.
 - e. The request will not cause a student to be bused to/from a location outside his/her designated school attendance area.

PLEASE CALL EILEEN CINIGLIO AT 253-4000 X 5112 IF YOU HAVE ANY TRANSPORTATION QUESTIONS.