

REGISTRATION INSTRUCTIONS

In order to register a student in the Bristol Warren Regional School District, this executed form and the following documentation is required.

1. Birth Certificate.
2. Immunization Records
3. Proof of Residency. Residency may be certified by one of the following documents:
 - A. Bristol or Warren Tax Bill
 - B. Copy of Lease
 - C. Copy of Rental Agreement
 - D. Notarized Letter from Landlord Stating Term of Rental
 - E. Current utility bill
4. Transcript Release Form
5. Court Order if Guardian, etc.

REGISTRATION FORM INSTRUCTIONS

STUDENT INFORMATION: *Fill in all blanks.*

Preferred Name: Is the name the student prefers to be addressed by.

Special Education and Individual Education Plan: Circle Y/N if the student received Special Education Services and has an Individual Education Plan.

Mailing Address: (If different) might be a post office box, or another address where parents or guardians prefer mailings to be sent.

Student Lives With: may be Parents, Father, Mother, Brother, Sister, etc.

PARENT/GUARDIAN INFORMATION: *Fill in all blanks.*

Contact 1: may be either parent/guardian.

Title: may be Mr., Mrs., Ms., Dr., etc.

Residence Address: is filled in only if it is different from the student address.

Contact 2: is the other parent or guardian, if applicable.

EMERGENCY CONTACTS: Contacts 1 and 2 should be local contacts in case of emergency.

HOME LANGUAGE SURVEY: This information is used to determine eligibility for English as a Second Language (ESL) services.

ETHNIC BACKGROUND: Required by Federal Law.

After all information is filled in, return the registration form for review by the Registration Clerk.

ADDITIONAL FORMS:

TRANSCRIPT RELEASE FORM: Completion is required in order to receive the necessary records from your child's previous school.

BRISTOL WARREN REGIONAL SCHOOLS – REGISTRATION FORM

STUDENT INFORMATION

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

STUDENT RESIDENCE:

Number/Street	Apt. #	City	State	Zip	Phone
Student Lives With: _____			Student Mailing Address (if different) _____		

PARENT/GUARDIAN INFORMATION:

Contact 1:

Relationship to Student Residence Address (If different)	Title	Last Name	First Name	Middle Initial
---	-------	-----------	------------	----------------

Number/Street	Apt. #	City	State	Zip	Phone
---------------	--------	------	-------	-----	-------

Employer Contact 2:	Employer Address	City	State	Zip	Phone
------------------------	------------------	------	-------	-----	-------

Relationship to student Residence Address (If different)	Title	Last Name	First Name	Middle Initial
---	-------	-----------	------------	----------------

Number Street	Apt. #	City	State	Zip	Phone
---------------	--------	------	-------	-----	-------

Employer	Employer Address	City	State	Zip	Phone
----------	------------------	------	-------	-----	-------

Please provide two local contacts if we are unable to reach parent or guardian:

Emergency Contact 1:

Relationship to Student	Title	Last Name	First Name	Middle Initial
-------------------------	-------	-----------	------------	----------------

Number/Street	Apt. #	City	State	Zip	Phone
---------------	--------	------	-------	-----	-------

Emergency Contact 2:

Relationship to Student	Title	Last Name	First Name	Middle Initial
-------------------------	-------	-----------	------------	----------------

Number/Street	Apt. #	City	State	Zip	Phone
---------------	--------	------	-------	-----	-------

Student's Doctor's Name	Doctor's Address	City	State	Zip	Phone
-------------------------	------------------	------	-------	-----	-------

Home Language Survey

1. What language do you most often use when speaking to your child? _____
2. What language does your child use most often when speaking in your home? _____
3. What language does your child use most often when speaking outside the house, to friends, relatives, and neighbors? _____
4. What language did your child first learn to speak? _____

My signature verifies that this information is accurate:

Ethnic Background

In order to identify students correctly (as mandated by federal and state law), and as the family prefers, please check or circle the one most appropriate ground with whom you choose your child to be identified. This information will only be used for reporting total counts of pupils and will not be released in a personally identifiable form without your permission.

Please Check One:

- American Indian/Alaskan Native Asian/Pacific Islander Black (non-hispanic)
 Hispanic White (not hispanic) Other: _____

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 (\$1,000).

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 or 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 _____, 199_____

Notary Public

(SEAL)

Printed Name of Notary _____

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