

EAST PROVIDENCE SCHOOL DEPARTMENT
East Providence, Rhode Island

PUPIL REGISTRATION FORM

<i>For Office Use Only</i>	<i>For Office Use Only</i>	<i>For Office Use Only</i>
Home School _____	School _____	AT _____ P _____
GR _____	LOCAL ID# _____	SASID # _____
IEP _____	Medical _____	Transportation: Yes ___ No ___
Special Instructions: _____		Entry Date: _____
Accommodations: _____		

(To be completed by parent/guardian)

STUDENT INFORMATION:

Name of Pupil _____
Date of Birth _____ *Last* _____ *First* _____ *Middle* _____
Place of Birth _____ Sex _____
Pupil Address _____ *Street No. and Name* _____ Zip _____ Home Phone _____
Mother _____ *Last* _____ *First* _____ Mother's D.O.B. _____ Work Phone _____
Address (If different) _____ Cell Phone _____
Father _____ *Last* _____ *First* _____ Father's D.O.B. _____ Work Phone _____
Address (If different) _____ Cell Phone _____
Legal Guardian _____ Guardian's D.O.B. _____ Work Phone _____
(Other than parent)

ETHNICITY/RACE:

Please indicate ethnicity/race below. This section must be completed per Federal Government regulations and reporting requirements. Ethnic and racial information is used for state and federal census reports only.

Part A. **Is this student (or Are you) Hispanic/Latino?** *(Choose only one)*

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, 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 student's (or your) race to be.

Part B. **What is the 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 of 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.)

EDUCATIONAL INFORMATION:

Child Outreach/Child Find Screening: Yes No If Yes, place/date _____

IEP (Special Needs): Yes No If Yes, Self Contained Resource

Sec 504 Plan: Yes No

Previous School: _____ Last Date Attended: ____/____/____

Previous School Address: _____
City State

Previously attended East Providence Public Schools: Yes No

Other siblings in East Providence Schools: Yes No If Yes, Grade(s)/School(s) _____

Family Doctor/Clinic: _____

Current Medical Issues (Allergies, Migraines, etc.): _____

IMPORTANT ACKNOWLEDGEMENT: (Re: RI GENERAL LAWS Title 16, Chapter 64 Sections 1-8)

By signing this form as parent/guardian or other person acting in “loco parentis” to the student being registered, I/we attest that all information supplied is true and accurate. I/we understand that submitting false or fraudulent residency information may require the payment to the East Providence School Department of tuition, to be calculated at the per pupil cost of education. **This provision is strictly enforced.**

Parent/Guardian Signature _____

Date of Registration: Month _____ Day _____ Year _____

School Registrar Signature _____

Release of Information

Should a question regarding the residency of those persons listed on school registration forms and/or affidavits arise, the East Providence School Department will conduct an investigation. By signing this form, I/we acknowledge that this form will authorize the agency/person from whom the information is sought, to release to the East Providence School Department, any all information regarding addresses listed with them, including addresses, dates of occupancy, and any other information available that will help establish residency of students enrolled in the East Providence School System. I/we further understand that the use of this form will be limited to the request of information regarding residency only and all information obtained by the East Providence School Department will be kept confidential and used only in relation to such investigation and resulting proceedings conducted pursuant to Title 16 of the Rhode Island General laws.

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____