

PAWTUCKET SCHOOL DEPARTMENT – ENROLLMENT INFORMATION

Please print legibly.

IEP: YES NO

Do you have a sibling in the Pawtucket School Department NO YES, if yes which school do they attend _____

STUDENT INFORMATION		BIRTH CERTIFICATE VERIFIED AND COPY ATTACHED (INITIAL) :			
LEGAL Last Name:	LEGAL First Name:	Middle:	Suffix:	Birth Date: (MM/DD/YYYY) Age:	
First Year in U.S. Schools (YYYY)	Birthplace - County/City/State:			Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Last grade completed:
Racial/Ethnic Background Information: Required by State/Federal law. Answer ALL questions below:					
1st Question - Is this student Hispanic or Latino?		2nd Question – Check box(es) if appropriate:			
<input type="checkbox"/> Yes, Hispanic or Latino		<input type="checkbox"/> White			
<input type="checkbox"/> No, neither Hispanic or Latino		<input type="checkbox"/> Asian			
		<input type="checkbox"/> American Indian or Alaska Native			
		<input type="checkbox"/> Black/African American			
		<input type="checkbox"/> Native Hawaiian or Pacific Islander			
Native Language (if other than English): _____					
STUDENT'S PRIOR ENROLLMENT INFORMATION _____			PROOF OF RESIDENCY VERIFIED (INITIAL) :		
Start Date:	School Name:		Grade Entering:	School Year:	
Transfer from District, if applicable (City/State/Phone #):			Transfer from School, if applicable (City/State/Phone #):		
Proof of Residency: <i>The Person with whom the student lives in the district and claims custody must provide one of the following:</i>					
<input type="checkbox"/> City/State/Government Correspondence		<input type="checkbox"/> Utility Bills			
<input type="checkbox"/> Health Insurance/Car Insurance bills		<input type="checkbox"/> Bank Statements			
GUARDIAN HOUSEHOLD INFORMATION – PRIMARY STUDENT RESIDENCE					
Student lives with:		<input type="checkbox"/> Both Parents, one residence		<input type="checkbox"/> Joint custody (parents live at different addresses)	
		<input type="checkbox"/> Sole custody with:			
Household Address:			City:	Zip:	
Mailing Address: (If different than above):			City & Zip:	Home Phone: ()	
Adult Guardian Last Name:	Adult Guardian First Name		Suffix:	Relationship to Student:	
Adult Guardian Work Phone: ()	Adult Guardian Cell Phone: ()	Adult Guardian Email Address:		Employer:	
Is this a custodial parent: <input type="checkbox"/> Yes <input type="checkbox"/> No			Allowed to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2 nd Adult Last Name:	2 nd Adult First Name		Suffix:	Relationship to Student:	
2 nd Adult Work Phone: ()	2 nd Adult Cell Phone: ()	2 nd Adult Email Address:		Employer:	
Is this a custodial parent: <input type="checkbox"/> Yes <input type="checkbox"/> No			Allowed to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sibling Last Name:	Sibling First Name:		Birth Date:	Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Sibling Last Name:	Sibling First Name:		Birth Date:	Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Sibling Last Name:	Sibling First Name:		Birth Date:	Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

SECONDARY HOUSEHOLD INFORMATION, COMPLETE THIS SECTION IF PARENTS LIVE AT DIFFERENT ADDRESSES.

Household Address:		City:	State:	Zip:	Home Phone: ()
Adult Guardian Last Name:		Adult Guardian First Name		Suffix:	Relationship to Student:
Adult Guardian Work Phone: ()	Adult Guardian Cell Phone: ()	Adult Guardian Email Address:			Employer:
Is this a custodial parent: <input type="checkbox"/> Yes <input type="checkbox"/> No			Allowed to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2 nd Adult Last Name:		2 nd Adult First Name	Suffix:	Relationship to Student:	
2 nd Adult Work Phone: ()	2 nd Adult Cell Phone: ()	2 nd Adult Email Address:			Employer:
Is this a custodian parent: <input type="checkbox"/> Yes <input type="checkbox"/> No			Allowed to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMERGENCY CONTACT WHEN UNABLE TO REACH PARENT/GUARDIAN

Contact name:	Relationship:
Home phone: ()	Work phone: ()
Additional name:	Relationship:
Home phone: ()	Work phone: ()
Daycare provider:	Phone: ()
Medical practitioner:	Phone: ()
Clinic:	Phone: ()

JOINT LEGAL CUSTODY PARENT/GUARDIAN INFORMATION

Parents/Guardians who share joint legal custody both have the right to consult with school officials concerning the child(ren)'s welfare and educational status, and to inspect and receive student records. If you need to deny access to a parent/guardian you will need to fill out the **PARENT WITH RESTRICTIVE CUSTODY OR DENIED PERIODS OF PHYSICAL PLACEMENT** form.

Does Not Apply To My Child (Please sign and date at bottom of page)

I have filled out the **PARENT WITH RESTRICTIVE CUSTODY OR DENIED PERIODS OF PHYSICAL PLACEMENT** form (Please sign and date at bottom of page and fill out the form)

To the best of my knowledge, the information provided is complete and accurate.

Parent/Guardian Signature: _____ Date: _____

PARENT WITH RESTRICTIVE CUSTODY OR DENIED PERIODS OF PHYSICAL PLACEMENT

Parents/guardians please provide the school with copies of court orders related to restrictive custody to support compliance.	
Name of parent with restricted custody: _____	
Address: _____	(city): _____ (state): _____ (zip): _____
Home phone: () _____	Cell phone: () _____
Place of employment: _____	Work phone: () _____ Extension: _____
There is a court order restricting access to the student or student's record dated _____ and filed in the following court: _____	
The court has determined this parent to have: <input type="checkbox"/> Restrictive custody <input type="checkbox"/> Denied periods of physical placement	
Additional custody information: 	

To the best of my knowledge, the information provided is complete and accurate.

Parent/Guardian Signature: _____ Date: _____