

TOWN OF NORTH PROVIDENCE SCHOOL DEPARTMENT

2240 Mineral Spring Avenue, North Providence, Rhode Island 02911
(401) 233-1100 - FAX (401) 233-1106 - TDD (800) 745-6575

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Louise K. Seitsinger, M.Ed., *Assistant Superintendent*
Lisa Casinelli, *Finance Director*
Cynthia VanAvery, MA *Director of Special Education*
Matthew Hicks, *Director of Human Resources*

SCHOOL COMMITTEE
Frank Pallotta, Ed.D. *Chair*
Roderick E. DaSilva, *Vice Chair*
Steven M. Andreozzi, *Clerk*
Arthur Corsini
Anthony R. Marciano, Sr., Esq.
Gina M. Picard, M.Ed.
Charles Pollock

NORTH PROVIDENCE SCHOOL DEPARTMENT **STUDENT RESIDENCY & ADDRESS CHANGE**

Rev.01.12.2021

Dear Parent / Guardian:

These are the items you will need to complete your child's address change:

1. Proof of residency, **Notarized Affidavit of Residency** form by Parent **and a Notarized landlord affidavit if you rent &** (2 other forms required – i.e.: **Mortgage/Lease statement** and a **Major utility bill**) (copies). See 2nd page for more detailed instructions on residency.
2. **Parent/Guardian ID** (copies)

All documents should be emailed to registration@npsd.k12.ri.us

The North Providence School Department does not discriminate on the basis of age, sex, religion, national origin, color or handicap in accordance with applicable laws and regulations. Individuals with disabilities, who require assistance or special arrangements to participate in a program or activity sponsored by the North Providence School Department, please contact superintendent's office. We request that you provide a 48-hour notice so that the proper arrangements may be made.

RESIDENCY

Residency is required for all registrations

Please email all document to registration@npsd.k12.ri.us

IF YOU OWN YOUR RESIDENCE

You must fill out the affidavit of residency by parent and provide a mortgage statement and a major utility bill.

IF YOU RENT YOUR RESIDENCE

You must fill out the affidavit of residency by parent and have it notarized. Your landlord (owner of the property) must fill out the affidavit of residency by landlord and have it notarized. **You must also** provide a lease or notarized letter from your landlord (owner of the property) with the parent's name, students name, students date of birth and address stating that you live there **AND** a major utility bill. If utilities are included in your rent, make sure it states it in the lease or written notarized letter from the Landlord (owner of the property).

IF YOU LIVE WITH A FAMILY MEMBER

You must fill out the affidavit of residency by parent and have it notarized. Your family member (owner of the property) must fill out the affidavit of residency by landlord/owner and have it notarized. You must also provide a lease or notarized letter from your family member with the parent's name, students name, student's date of birth, address stating that you live there, AND the owner must provide their mortgage statement and a major utility bill. If utilities are included, make sure it states it in the lease or written notarized letter from the family member (owner of the property).

Affidavits by other parties are not accepted

SEE AFFIDAVITS IN THIS PACKET

North Providence School Department ~ Student Registration Form

Please complete one Student Registration Form for each child to be enrolled

Student Information: (Please Print) Date: _____

Last Name	First Name	MI	Preferred Name	Age	
Entering Grade	M / F Gender	/ / Date of Birth	/ / US Entry Date	Birth Place	ELL, IEP OR 504 (CHOOSE)

Current Address: _____ APT#: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____ Email: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Parent/Guardian Cell: _____ Relationship: _____ Parent/Guardian Cell: _____ Relationship: _____

Enrollment is based on space availability. A student's school assignment may be subject to change.

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 most appropriate group with whom you choose to have your child to be identified. This information will be used for reporting total counts of pupils and will not be released in a personally identifiable form without your permission. Please select from the listings below. **** Please note, per State of RI guidelines, if (Y) is chosen for Hispanic/Latino, you MUST also choose a race. Thank you.**

****Are you Hispanic or Latino (choose only one)**

What is your race? (Choose all that apply)

Not Hispanic/Latino

Black or African American

Yes Hispanic/Latino

American Indian or Alaska Native

Two or More Races

Asian

Country of Family Background _____

Native Hawaiian or Pacific Islander

White

Previous School Information

School Name: _____ Grade last entered: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Today's Date: _____ Signature of Parent / Legal Guardian _____

North Providence School Department ~ Student Emergency Information
 (For emergency and informational purposes only)

Student's DOB: _____

Student Last Name: _____ First Name: _____ Grade: ____ Teacher: _____

Resident Address Information:

Number / Street	Unit #	City	State	Zip
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Internet Access @ home Y / N Military Family? Y / N
 Are there any NO contact orders? Y / N Are there any custody issues? Y / N
 Are both parents in household? Y / N
 (Contact 1)

Head of Household Information (Parent / Guardian living in home ONLY)

S / M	W / D				
Relationship	Date of Birth	Last	First		Marital Status
	(H/C/W)	(H/C/W)	(H/C/W)		
M / F	Language	Preferred Phone #	Second Phone #	Third Phone #	Email
Gender	Address		Employer Name: _____		Work # _____ EXT _____
Military: YES / NO		Active: YES / NO	Branch of Service: _____		

(Contact 2)

				S / M	W / D
Relationship	Date of Birth	Last	First	Marital Status	
		(H/C/W)	(H/C/W)	(H/C/W)	
M / F	Language	Preferred Phone #	Second Phone #	Third Phone #	Email
Gender	Address		Employer Name: _____		Work # _____ EXT _____
Military: YES / NO		Active: YES / NO	Branch of Service: _____ Address: _____		

(Contact 3 Emergency)

(Emergency - will only be called if any of the above cannot be reached)

				(H/C/W)	(H/C/W)	
Relationship	DOB	Last	First	Preferred Phone #	Second Phone #	Email
Address						

Please list names of other children in household, which are in the North Providence School System or pre-school children who will eventually enter Kindergarten in North Providence. Please use back of this form if you need additional space. Thank you.

Siblings

			M / F	/	/
Last	First	MI	Gender	DOB	School
Grade					

RESIDENCY

AFFIDAVIT OF RESIDENCY BY PARENT

NORTH PROVIDENCE PUBLIC SCHOOLS
2240 Mineral Spring Avenue
North Providence, RI 02911

In Re: _____
Name of Student

AFFIDAVIT OF RESIDENCY BY PARENT

_____ appeared before me on the _____ day of _____, 20____ and after first being placed under oath, did
depose, swear and affirm to the following facts:

- (1) I am the natural or adoptive parent of _____ whom I have physical custody and possession.
- (2) I currently reside at _____, which is located in the Town of North Providence, State of Rhode Island.
- (3) _____ actually resides and lives with me at said address.
- (4) I acknowledge that an attendance officer or School Department designee may visit for the purpose of verifying such residence.
- (5) I acknowledge that this Affidavit is being submitted under oath to the North Providence School Department for the purpose of determining whether _____ is eligible to attend school in the North Providence School System.
- (6) In support of this Affidavit, I have attached certain exhibits which are true, accurate and correct.
- (7) All the information contained herein is true and accurate.

Parent's Signature

STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE

OATH NOTARY

In _____ on this _____ day of _____, 20____, before me personally appeared _____ and
after reading the above Affidavit and after first being placed under oath, did swear to the truth and accuracy of said Affidavit.

Signature of Notary Public

Notary Commission Expires:

(FORM A)

NOTICE: IF YOU PROVIDE FALSE INFORMATION UNDER OATH YOU WILL BE REFERRED FOR PROSECUTION FOR PERJURY. A PERSON WHO IS FOUND GUILTY OF PERJURY MAY RECEIVE UP TO TWENTY YEARS IN JAIL.

IF YOU PROVIDE FALSE INFORMATION THE SCHOOL DISTRICT WILL COMMENCE IN APPROPRIATE LEGAL ACTION TO COLLECT THE VALUE OF EDUCATIONAL SERVICES THE STUDENT RECEIVES. SUCH COLLECTION EFFORTS WILL INCLUDE ATTACHMENT AND LEVY OF REAL ESTATE, WAGES AND PERSONAL PROPERTY.

Affidavits by other parties are not accepted

NORTH PROVIDENCE SCHOOL DEPARTMENT
Residency Affidavit – Landlord/Shared Tenancies/Owner
AFFIDAVIT

My name is _____ and I hereby depose and certify as follows:
Landlord/Owner/Management Company of residence

Please complete all three items and sign below.

1. I am the owner/landlord/management company of property located at _____
(Address where parent lives)
2. _____, who is the parent or legal guardian of
Parent/Guardian or Student over 18
_____, leases property as their
Student Name
primary residence from me, in a tenancy at will, from month to month.
3. I hereby state that the party named above resides with me and/or at the address above.

Signed under the pains and penalties of perjury this _____ day of _____, 20__.

Landlord/owner/management company Signature

Print Name: _____

Print Address: _____

Print Telephone Number: _____

As the applicant submitting this Residency/Landlord Affidavit, I swear, under pains and penalties of perjury, that the information above is accurate and understand that the information contained in this legal affidavit is subject to verification by a residency investigator.

Parent/Guardian or Student over 18 Signature

Print Name: _____

Print Address: _____

Print Telephone Number: _____

STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE

OATH NOTARY

In _____ on this ____ day of _____, 20____, before me personally appeared _____ and after reading the above Affidavit and after first being placed under oath, did swear to the truth and accuracy of said Affidavit.

Signature of Notary Public

Notary Commission Expires:

(FORM A)

Affidavits by other parties are not accepted

NOTICE: IF YOU PROVIDE FALSE INFORMATION UNDER OATH YOU WILL BE REFERRED FOR PROSECUTION FOR PERJURY. A PERSON WHO IS FOUND GUILTY OF PERJURY MAY RECEIVE UP TO TWENTY YEARS IN JAIL.