

# 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

Joseph B. Goho, *Superintendent*  
Louise K. Seitsinger, M.Ed., *Assistant Superintendent*  
Lisa Casinelli, *Finance Director*  
Cynthia VanAvery, M.Ed, *Director of Student Services*  
Matthew Hicks, *Director of Human Resources*

SCHOOL COMMITTEE  
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Steven M. Andreozzi  
Arthur Corsini  
Anthony R. Marciano, Sr., Esq.  
Gina M. Picard, M.Ed.  
Charles F. Pollock Jr.

## NORTH PROVIDENCE SCHOOL DEPARTMENT STUDENT RESIDENCY & ADDRESS CHANGE

Rev.03.02.2023

**Dear Parent / Guardian:**

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

1. **Notarized Affidavit of Residency form by parent/legal guardian**
2. **Notarized Landlord Residency Affidavit by property owner/management company**
3. **Mortgage statement (for homeowners)/ Lease Agreement or Notarized Letter from property owner (for renters)**
4. **Major Utility Bill**
5. **Birth Certificate**
6. **Parent/Guardian ID**
7. **Student Emergency Form**

North Providence School Department  
Student Registration Form  
Please complete one Student Registration Form for each child to be enrolled

(Please Print)

Student Information:

Date: \_\_\_\_\_

Last Name	First Name	MI	Preferred Name	Age
Entering Grade	M / F Gender	/ / Date of Birth	/ / US Entry Date	Birth Place
				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      Region of Asia \_\_\_\_\_

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: \_\_\_\_\_

Signature of Parent / Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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:**

Address	Unit #	City	State	Zip
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Internet Access @ home Y / N

Are there any NO contact orders/custody issues? Y / N

Military Family? Y / N

Are both parents in household? Y / N

(Contact 1)

Relationship Status	Date of Birth	Last	First	Marital
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(H/C/W)

(H/C/W)

(H/C/W)

M / F

Gender

Language

Preferred Phone #

Second Phone #

Third Phone #

Email Address \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work # \_\_\_\_\_ EXT \_\_\_\_\_

Military: YES / NO Active: YES / NO Branch of Service: \_\_\_\_\_

(Contact 2)

Relationship	Date of Birth	Last	First	S / M W / D Marital Status
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(H/C/W)

(H/C/W)

(H/C/W)

M / F

Gender

Language

Preferred Phone #

Second Phone #

Third Phone #

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work # \_\_\_\_\_ EXT \_\_\_\_\_

Military: YES / NO Active: YES / NO Branch of Service: \_\_\_\_\_

(Contact 3)

(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 #
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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.

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**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**

**Residency Affidavit – Landlord/Shared Tenancies/Owner**

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 the primary residence from me, in a tenancy at will from  
**Student Name** 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)

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