

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*
David McNally, *Data Director*

SCHOOL COMMITTEE
Frank Pallotta, Ed.D. *Chair*
Roderick E. DaSilva, *Vice Chair*
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.11.01.2023

Dear Parent / Guardian:

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

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

Please bring these documents to our main office at 2240 Mineral Spring Avenue.

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

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: _____

Address	Unit #	City	State	Zip
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	Date of Birth	Last	First	S / M / W / D Marital Status
M / F	(H/C/W)	(H/C/W)	(H/C/W)	
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
M / F	(H/C/W)	(H/C/W)	(H/C/W)	
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)

Relationship	DOB	Last	First	(H/C/W) Preferred Phone #	(H/C/W) 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 _____

RESIDENCY

Residency verification is required for all registrations and address changes/ updates.

****Every parent/ guardian MUST fill out and have notarized the Affidavit of Residency by Parent regardless of their living situation.**

In addition to the Affidavit of Residency by Parent, please provide the following based on your residency:

IF YOU OWN YOUR RESIDENCE

- Mortgage statement AND
- A major utility bill

IF YOU RENT YOUR RESIDENCE

- Notarized affidavit of residency by landlord or owner of the property AND
- Lease or notarized letter from your landlord (owner of the property) with the parent's name, student's name, student's date of birth and address stating that you live there AND
- A major utility bill

If utilities are included in your rent, it must be stated in the lease or written notarized letter from the Landlord (owner of the property).

IF YOU LIVE WITH A FAMILY MEMBER WHO OWNS

- Notarized affidavit of residency by landlord (family member and owner of the property)
- A notarized letter from family member who owns the property with the parent's name, student's name, student's date of birth, address stating that you live there
- Owner/family member must provide their mortgage statement and a major utility bill.
- A major utility bill
- A Change-of-Address confirmation from the U.S. Postal Service or a piece of U.S. mail (credit card or bank statement, phone bill, etc.) addressed to parent at current address

IF YOU LIVE WITH A FAMILY MEMBER WHO RENTS

- A Notarized affidavit of residency by landlord (family member/ owner of the property)
- Lease Agreement (family member/ owner of property)
- A Notarized letter from the landlord with the parent's name, student's name, student's date of birth, address stating that you are residing there
- A major utility bill
- A Change-of-Address confirmation from the U.S. Postal Service or a piece of U.S. mail (credit card or bank statement, phone bill, etc.) addressed to parent at current address

Affidavits by other parties are not accepted

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

I, _____, as the applicant submitting this Residency/ Landlord Affidavit, swear, under pains and penalties of perjury, that the information below is accurate and I 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: _____

Parent/ Guardian: The landlord/ property owner must complete the information below. Their signature must be notarized.

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: _____

**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.

The North Providence School Department does not discriminate on the basis of race, color, religion, ancestral origin, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, genetic information, or any other characteristic protected by law. Individuals with disabilities may contact the Superintendent's office to request a reasonable accommodation to participate in a program or activity sponsored by the North Providence School Department.