

Welcome to North Providence Public Schools



1820 Mineral Spring Avenue

North Providence, RI 02904

401-233-1100

Student Residency & Address Change Packet



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NORTH PROVIDENCE PUBLIC SCHOOLS STUDENT RESIDENCY & ADDRESS CHANGE

Dear parent or guardian,

The items included in this packet are as follows and must be submitted in order to complete your child's address change:

1. Student registration form
2. Student emergency form
3. Notarized affidavit of residency by parent/ legal guardian
4. Notarized affidavit of residency by landlord/ shared tenancies/ owner

Also, please include the following:

5. Parent/ Guardian ID
6. Mortgage statement dated within 60 days or signed lease agreement
7. A major utility bill dated within 60 days

Please bring these documents to our main office at 1820 Mineral Spring Avenue.

Thank you



Student Registration Form

*** Items are required**

Student Information		
First Name *	Last Name *	Middle Initial
_____	_____	_____
Preferred Name	Date of Birth *	Birth Place *
_____	_____	_____
	<i>mm/dd/yyyy</i>	<i>City, Country</i>
U.S. Entry Date	Gender *	
_____	_____	
<i>If from another country, mm/dd/yyyy</i>	<i>Must match birth certificate</i>	

Primary Parent/Guardian Information (members of the same household)
 (In case of emergency, parents/guardians listed here are contacted first)

Do all parents/guardians live in the same household? If no, please fill out additional Family 2 and/or Family 3 sections of this form *	Custody Issues? If yes, please explain. <input type="checkbox"/> YES <input type="checkbox"/> NO	Primary Home Language
<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Street Address *	Apt/Building Number	Home Phone *
_____	_____	_____
City *	State *	Zip *
_____	_____	_____
Parent/Guardian Name *	Phone * Cell? <input type="checkbox"/> Relationship *	Email *
_____	_____	_____
	<i>(xxx) xxx-xxxx</i>	
Parent/Guardian Name	Phone * Cell? <input type="checkbox"/> Relationship *	Email *
_____	_____	_____
	<i>(xxx) xxx-xxxx</i>	

Ethnic Background

In order to identify students correctly (as mandated by federal and state law), 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) *
<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Yes Hispanic/Latino <input type="checkbox"/> Two or More Races Country of Family Background? _____	<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian Region of Asia? _____ <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White

Parent/Guardian Signature

Parent/Guardian Signature * _____ Date * _____
mm/dd/yyyy



Family 2 Parent/Guardian Information (members of the same household)

(In case of emergency, parents/guardians listed here are contacted second)

Please fill out all information for legal parents/guardians in this household only.	Custody Issues? If yes, please explain. <input type="checkbox"/> YES <input type="checkbox"/> NO		Primary Home Language
	<hr/>		<hr/>
Street Address *	Apt/Building Number		Home Phone *
<hr/>	<hr/>		<hr/>
City *	State *	Zip *	
<hr/>	<hr/>	<hr/>	
Parent/Guardian Name *	Phone *	Cell? <input type="checkbox"/>	Relationship * Email *
<hr/>	<hr/>	<hr/>	<hr/>
	(xxx) xxx-xxxx		
Parent/Guardian Name	Phone *	Cell? <input type="checkbox"/>	Relationship * Email *
<hr/>	<hr/>	<hr/>	<hr/>
	(xxx) xxx-xxxx		

Family 3 Parent/Guardian Information (members of the same household)

(In case of emergency, parents/guardians listed here are contacted third)

Please fill out all information for legal parents/guardians in this household only.	Custody Issues? If yes, please explain. <input type="checkbox"/> YES <input type="checkbox"/> NO		Primary Home Language
	<hr/>		<hr/>
Street Address *	Apt/Building Number		Home Phone *
<hr/>	<hr/>		<hr/>
City *	State *	Zip *	
<hr/>	<hr/>	<hr/>	
Parent/Guardian Name *	Phone *	Cell? <input type="checkbox"/>	Relationship * Email *
<hr/>	<hr/>	<hr/>	<hr/>
	(xxx) xxx-xxxx		
Parent/Guardian Name	Phone *	Cell? <input type="checkbox"/>	Relationship * Email *
<hr/>	<hr/>	<hr/>	<hr/>
	(xxx) xxx-xxxx		



Emergency Contacts Form - Used for Emergency Purposes Only

Student Information		
Last Name <hr/>	First Name <hr/>	Date of Birth <hr/> <i>(mm/dd/yyyy)</i>
Grade <hr/>	Teacher Name <hr/>	Military Family? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any "no contact" orders or custody issues? <input type="checkbox"/> YES <input type="checkbox"/> NO	Internet access at home? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are both parents/guardians in household? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address <hr/> <i>(Street, Apt, City, State, Zip)</i>		

Primary Emergency Contact (Required)		
In an emergency, we will try to contact the parents or guardians first. Who is the person we should contact <i>if we are unable to reach the parent or guardian?</i> (must be over the age of 18)		
Last Name <hr/>	First Name <hr/>	Date of Birth <hr/> <i>(mm/dd/yyyy)</i>
Gender <hr/>	Language <hr/>	Relationship <hr/>
Preferred Phone <hr/> <i>(xxx) xxx-xxxx Specify cell, home, work</i>	Phone 2 <hr/> <i>(xxx) xxx-xxxx Specify cell, home, work</i>	Phone 3 <hr/> <i>(xxx) xxx-xxxx Specify cell, home, work</i>
Address <hr/> <i>(Street, Apt, City, State, Zip)</i>		
Email <hr/>		



Secondary Emergency Contact (Optional)

Who is the person we should **contact if we are unable to reach the parent or guardian or the primary emergency contact?** (must be over the age of 18)

Last Name	First Name	Date of Birth
_____	_____	_____ <i>(mm/dd/yyyy)</i>
Gender	Language	Relationship
_____	_____	_____
Preferred Phone	Phone 2	Phone 3
_____ <i>(xxx) xxx-xxxx Specify cell, home, work</i>	_____ <i>(xxx) xxx-xxxx Specify cell, home, work</i>	_____ <i>(xxx) xxx-xxxx Specify cell, home, work</i>
Address		
_____ <i>(Street, Apt, City, State, Zip)</i>		
Email		

Additional Emergency Contact (Optional)

Who is the person we should **contact if we are unable to reach the parent or guardian or any other emergency contact?** (must be over the age of 18)

Last Name	First Name	Date of Birth
_____	_____	_____ <i>(mm/dd/yyyy)</i>
Gender	Language	Relationship
_____	_____	_____
Preferred Phone	Phone 2	Phone 3
_____ <i>(xxx) xxx-xxxx Specify cell, home, work</i>	_____ <i>(xxx) xxx-xxxx Specify cell, home, work</i>	_____ <i>(xxx) xxx-xxxx Specify cell, home, work</i>
Address		
_____ <i>(Street, Apt, City, State, Zip)</i>		
Email		



NORTH PROVIDENCE PUBLIC SCHOOLS

1820 Mineral Spring Avenue, North Providence, RI 02904

401.233.1100 | TDD: 800.745.6575 | FAX: 401.349.5777

RESIDENCY

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

The parent/ guardian MUST complete and have notarized the Affidavit of Residency by Parent. Affidavits are included in this packet.

In addition to the Affidavit of Residency by Parent, please fill out the following:

IF YOU OWN YOUR RESIDENCE

- A mortgage statement dated within 60 days and
- A major utility bill dated within 60 days (gas, electricity, water, sewer or cable)

IF YOU RENT YOUR RESIDENCE

- Notarized affidavit of residency by landlord/ owner of the property and
- A signed lease agreement or notarized letter from landlord and
- A major utility bill dated within 60 days (gas, electricity, water, sewer or cable)
If utilities are included in your rent, it must be stated in the lease or notarized letter

IF YOU LIVE WITH A FAMILY MEMBER WHO OWNS

- Notarized affidavit of residency by landlord/ owner of the property (With family member acting as landlord) and
- A notarized letter from the family member with the parent's name, student's name, student's date of birth, and address stating that they live there and
- A mortgage statement dated within 60 days and
- A major utility bill dated within 60 days (gas, electricity, water, sewer or cable) and
- A change-of-address confirmation from the U.S. Postal Service or one piece of U.S. mail (credit card, bank statement, phone bill, etc.) addressed to the parent at current address

IF YOU LIVE WITH A FAMILY MEMBER WHO RENTS

- A notarized affidavit of residency by landlord/ owner of the property (Must be completed by family member who rents the residence and the landlord) and
- A signed lease agreement (family member/ landlord) and
- 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 and
- A major utility bill dated within 60 days (gas, electricity, water, sewer or cable) and
- A change-of-address confirmation from the U.S. Postal Service or a piece of U.S. mail (credit card, bank statement, phone bill, etc.) addressed to parent at current address

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 reasonable accommodation to participate in a program or activity sponsored by the North Providence School Department



Affidavit of Residency by Parent

Student Information		
Last Name	First Name	Date of Birth
<i>(mm/dd/yyyy)</i>		

Affidavit
<p style="text-align: center; margin: 0;">Parent</p> <p>_____ appeared before me on the _____ day of _____, 20____ and after first being placed under oath, did depose, swear and affirm to the following facts:</p> <ol style="list-style-type: none"> 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/Guardian Section	
Parent/Guardian Signature	Date
<i>(mm/dd/yyyy)</i>	

Oath Notary	
State Of _____	County Of _____
<p>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.</p>	
Signature of Notary Public	Notary Commission Expires
<i>(mm/dd/yyyy)</i>	

(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.

Stamp

Affidavits by other parties are not accepted



Residency Affidavit – Landlord/Shared Tenancies/Owner

Parent/Guardian Section

Parent

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.

Print Name	Print Address	Telephone Number
_____	_____	_____
		(xxx) xxx-xxxx
Parent/Guardian Signature		Date
_____		_____
		(mm/dd/yyyy)

Landlord/Owner Section

My name is _____ and I hereby depose and certify as follows:

- I am the owner/landlord/management company of property located at:

 (Address where parent lives)
- _____ resides with student _____ at this address.
 (Parent/Guardian or Student over 18)
- 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 _____.

Print Address	Print Address	Telephone Number
_____	_____	_____
		(xxx) xxx-xxxx
Landlord/Owner/Management Company Signature		Date
_____		_____
		(mm/dd/yyyy)

Oath Notary

State Of _____ County Of _____

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
_____	_____
	(mm/dd/yyyy)

(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.

Stamp

Affidavits by other parties are not accepted