

Welcome to North Providence Public Schools



1820 Mineral Spring Avenue

North Providence, RI 02904

401-233-1100

Student Residency & Address Change Packet



ADMINISTRATION

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Louise K. Seitsinger, M.Ed., *Assistant Superintendent*
Lisa Casinelli, *Finance Director*
Cynthia VanAvery, M.Ed., *Student Services Director*
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David McNally, *Data Director*

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Gina M. Picard, M.Ed.

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/ emergency contacts form
2. Notarized affidavit of residency by parent/ legal guardian
3. Notarized affidavit of residency by landlord/ shared tenancies/ owner

Also, please include the following:

4. Parent/ Guardian ID
5. Mortgage statement dated within 60 days or signed lease agreement
6. 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/ Emergency Form

*** Items are required**

Student Information

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

Household Information

With whom does the student reside? Both Parents Mother Father Other** _____
 (**If student resides with someone other than parents, please provide name, relationship and court documentation of guardianship)

Military Family? No Yes (Branch?) _____ Internet access at home? No Yes

Custody issues or "no contact" orders? No Yes If yes, please explain _____

Please list additional children in the household who attend a NP school or who will eventually enter a NP school.

Full Name	Date of Birth	School	Grade

Use the back of this form for additional space More listed on back

Parent / Guardian Information

	Parent / Guardian 1	Parent / Guardian 2
Name */DOB*		
Relationship*		
Address*		
Marital Status		
Phone 1* / Phone 2	<input type="checkbox"/> Cell	<input type="checkbox"/> Cell
Email Address*		
Primary Language		

Emergency Contact Information

List contacts in order of preference if parents cannot be reached. Use the back of this form for additional space More listed on back

	Contact 1	Contact 2	Contact 3
Name*			
Date of Birth			
Relationship			
Phone 1* / Phone 2			
Primary Language			
Allowed to pick up	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Ethnic Background

In order to identify students correctly (as mandated by federal and state law), please choose 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. **Note:** Per State of RI guidelines, if "Yes Hispanic/ Latino" is chosen, you **MUST** also choose a race.

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

Not Hispanic/Latino
 Yes Hispanic/Latino
 Two or More Races

Country of Family Background? _____

What is your race? (choose all that apply) *

Black or African American
 American Indian
 Asian Region of Asia? _____
 Native Hawaiian or Pacific Islander
 White

Parent/Guardian Signature * _____ Date * _____



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.

Every document listed is required. No substitutions.

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 provide ALL of the following (no substitutions):

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

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/Guardian Section

Parent/Guardian Signature	Date
_____	_____ <i>(mm/dd/yyyy)</i>

Oath Notary

State of Rhode Island County Of _____

In _____ *city/ town* 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
_____	_____ <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.

Affidavits by other parties are not accepted

Stamp



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 Parent Name	Print Parent 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 or landlord or management company representative 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 _____.

Landlord/ Representative name	Landlord address	Telephone number
_____	_____	_____
		(xxx) xxx-xxxx
Landlord/ Representative signature		Date
_____		_____
		(mm/dd/yyyy)

Oath Notary

State Of Rhode Island County Of _____

city/town

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