

Burrillville School Department New Student Registration Form

Student Name:		Birth Date:		Gender:		Grade:	
	(First) (Middle) (Last)						

Student Ethnicity/Race Information (Federally Mandated):	
Part A - Ethnicity	Is the Student Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No (Choose only one)
Part B - Race	What is the student's race? (Check all that apply). Regardless of what was selected in Part A above, you MUST select AT LEAST ONE race by checking one of the boxes below.
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other (please specify) _____	

Additional Student Information:

Has student ever attended Burrillville Schools? Yes No If yes: _____
School Name Last Grade/Year Enrolled

Has student ever been retained in a grade? Yes No If yes: _____
School Name Last Grade/Year Enrolled

Indicate if the student has been receiving special services:

- Individual Ed. Plan(IEP) ELL 504 Plan PLP Early Childhood PreK/K RTI/Early Intervening Services(EIS)
 Reading Resource (Elementary Level) Math Resource (Elementary Level)

Child Outreach Screening (for students entering Kindergarten) Yes No If "Yes", Date: _____

 (Signature of Person Enrolling Student)

 (Date)

SCHOOL OFFICE USE ONLY:

Registration Date: _____ Entry Date: _____ Entered into Skyward: _____

Request for Records: _____ Sent Date: _____ Received Date: _____

Immunization Records: Complete Missing Local ID#: (MUST search in SKYWARD FIRST!) _____

Homeroom/Advisory Teacher: _____ Homeroom/Advisory Rm. #: _____

STUDENT BIOGRAPHICAL/FAMILY INFORMATION

FAMILY 1: SHOULD BE THE RESIDENTIAL AND MAILING ADDRESS OF THE STUDENT AND SHOULD INCLUDE ONLY THE NAME(S) OF THE PARENT(S) OR GUARDIAN(S) WHO RESIDE WITH THE STUDENT. PLEASE BE SURE TO INCLUDE THE RELATIONSHIP TO THE STUDENT (MOTHER, FATHER, STEP-MOTHER, STEP-FATHER, ETC.) DO NOT LIST EMERGENCY CONTACTS IN THIS AREA.

FAMILY 1 INFORMATION:

Parent/ Guardian Title:		Parent/ Guardian Name:		Relationship to Student:	
Mailing Address:					
Residential Address:					
Primary Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Second Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Third Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Parent/Guardian Email:					
Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can Pick Up:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can Receive Mail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this parent/guardian have full legal rights? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", supportive legal documentation must be provided.			Is there a No Contact Order or other Legal Order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", supportive legal documentation must be provided.		

Parent/ Guardian Title:		Parent/ Guardian Name:		Relationship to Student:	
Mailing Address:					
Residential Address:					
Primary Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Second Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Third Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Parent/Guardian Email:					
Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can Pick Up:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can Receive Mail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this parent/guardian have full legal rights? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", supportive legal documentation must be provided.			Is there a No Contact Order or other Legal Order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", supportive legal documentation must be provided.		

Please complete this page if applicable

FAMILY 2: SHOULD CONSIST OF PARENTS OR GUARDIANS WHO DO NOT RESIDE WITH THE STUDENT. PLEASE BE SURE TO INCLUDE THE RELATIONSHIP TO THE STUDENT (MOTHER, FATHER, STEP-MOTHER, STEP-FATHER, ETC.) AS WELL AS A COMPLETE ADDRESS. DO NOT LIST EMERGENCY CONTACTS IN THIS AREA.

FAMILY 2 INFORMATION:

Parent/ Guardian Title:		Parent/ Guardian Name:		Relationship to Student:	
Mailing Address:					
Residential Address:					
Primary Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Second Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Third Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Parent/Guardian Email:					
Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can Pick Up:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can Receive Mail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this parent/guardian have full legal rights? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", supportive legal documentation must be provided.			Is there a No Contact Order or other Legal Order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", supportive legal documentation must be provided.		

Parent/ Guardian Title:		Parent/ Guardian Name:		Relationship to Student:	
Mailing Address:					
Residential Address:					
Primary Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Second Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Third Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Parent/Guardian Email:					
Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can Pick Up:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can Receive Mail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this parent/guardian have full legal rights? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", supportive legal documentation must be provided.			Is there a No Contact Order or other Legal Order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", supportive legal documentation must be provided.		

Please complete this page if applicable

FAMILY 3: SHOULD CONSIST OF PARENTS OR GUARDIANS WHO DO NOT RESIDE WITH THE STUDENT. PLEASE BE SURE TO INCLUDE THE RELATIONSHIP TO THE STUDENT (MOTHER, FATHER, STEP-MOTHER, STEP-FATHER, ETC.) AS WELL AS A COMPLETE ADDRESS. DO NOT ENTER EMERGENCY CONTACTS IN THIS AREA.

FAMILY 3 INFORMATION:

Parent/ Guardian Title:		Parent/ Guardian Name:		Relationship to Student:	
Mailing Address:					
Residential Address:					
Primary Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Second Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Third Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Parent/Guardian Email:					
Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can Pick Up:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can Receive Mail:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/ Guardian Title:		Parent/ Guardian Name:		Relationship to Student:	
Mailing Address:					
Residential Address:					
Primary Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Second Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Third Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (please check one)					
Parent/Guardian Email:					
Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can Pick Ups:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can Receive Mail:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family 4, etc., please use a separate sheet of paper

EMERGENCY CONTACT INFORMATION

Please list three family members or friends/neighbors who could assume temporary care of your child in the event you cannot be reached.

Emergency Contact 1:

Title:		Name:		Relationship to Student:	
Mailing Address:					
Residential Address:					
Primary Phone #			<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work (please check one)
Second Phone #			<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work (please check one)
Third Phone #			<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work (please check one)
Email (optional):					

Emergency Contact 2:

Title:		Name:		Relationship to Student:	
Mailing Address:					
Residential Address:					
Primary Phone #			<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work (please check one)
Second Phone #			<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work (please check one)
Third Phone #			<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work (please check one)
Email (optional):					

Emergency Contact 3:

Title:		Name:		Relationship to Student:	
Mailing Address:					
Residential Address:					
Primary Phone #			<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work (please check one)
Second Phone #			<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work (please check one)
Third Phone #			<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work (please check one)
Email (optional):					