

BURRILLVILLE SCHOOL DEPARTMENT

PROCEDURES RELATED TO PUPIL SERVICES

SCHOOL REGISTRATION

The schedule for Kindergarten Registration and for Grades 1-12 will be announced in the newspapers as well as on the School Department web site bsd-ri.net/

Kindergarten registration for the next school year usually takes place at the Austin T. Levy School on two Saturdays in April.

Parents or Guardians who reside in Burrillville and wish to register students in the public school(s) of Burrillville must complete the attached *Student Registration Form* and bring it to the appropriate school.

Proof of residency is required as follows (copies to be attached):

Two of following, which must be dated within one month of registration:

Current utility bill

Lease agreement with landlord's name

Mortgage statement or tax bill

A driver's license is not an acceptable proof of residency.

A post office box is not an acceptable address.

Affidavit affirming residence: notarized statement of residency (form to be provided)

If the registrant is staying in a residence rented or owned by someone else, then the registrant must ask the renter/owner to sign a notarized letter, including evidence of ownership/lease agreement, and naming the adult and the student(s) staying there. The letter must be brought to registration with other proof of residency. (form to be provided)

Other Requirements

Valid birth certificate

Proof of Immunizations

Custodial documents, if applicable

All requested information must be provided before a student may start classes.

Student Name (Please print) _____

Today's Date ____/____/____

Student Registration Form

Primary Dwelling Information

Residence of family, custodial parent, or guardian)

Number/Street	(no PO Box's accepted)	Unit/Apartment #	Home phone
City	State	Zip	Cell Phone

Mailing Address (if different than above)

Primary Contact Information

Contact 1 (Parent's Name, Guardian, etc. – custodial, if applicable)

Last Name	First Name	MI	Home Phone
Address	City	State Zip	Cell Phone
E-mail address	Place of Employment		Work Phone

Contact 2 (Parent's Name, Guardian, etc.)

Last Name	First Name	MI	Home Phone
Address	City	State Zip	Cell Phone
E-mail address	Place of Employment		Work Phone

Emergency Contact Information

Contact 1

Last Name	First Name	Relationship	Home Phone
Address	City	State Zip	Cell Phone
			Work Phone

Contact 2

Last Name	First Name	Relationship	Home Phone
City	State	Zip	Cell Phone
			Work Phone

Student Information

Last Name	First Name	MI	Contact 1 relationship to student
Sex	Date of Birth	Grade	Contact 2 relationship to student

Release for Information from Previous School

In order to receive the necessary records from your son's/daughter's previous school, it is required that a release be signed. The following form, signed by the parent or legal guardian of the above named student, will grant the Burrillville School Department the necessary permission to request and receive previous school records.

Student's Name _____
Date of Birth _____
Previous School Name _____
Address _____
City, State Zip _____

I hereby request that you release the following records for the above named student:

- _____ Academic Records
- _____ Assessment Results
- _____ Discipline records
- _____ Health & Immunization Records
- _____ Special Education Records
- _____ Official School Record (transcript, if available)

Signature _____ Date _____
Parent/Legal Guardian

Please send to the following address:

- _____ A.T. Levy School
135 Harrisville Main St.
Harrisville, RI 02830
- _____ W.L. Callahan School
75 Callahan School St.
Harrisville, RI 02830
- _____ Steere Farm Elementary School
915 Steere Farm Rd.
Pascoag, RI 02859
- _____ Burrillville Middle School
2220 Bronco Highway
Harrisville, RI 02830
- _____ Burrillville High School
425 East Ave.
Harrisville, RI 02830

For Office Use Only:

Entry Date _____	<i>Please circle:</i>			Notes:
	IEP	Y	N	
	504	Y	N	
Student ID _____	LEP	Y	N	
	Gifted	Y	N	
SASID _____	Title I	Y	N	
	Lunch	Y	N	
Grade Level _____				

**Burrillville School Department
Burrillville, RI**

AFFIDAVIT

CAUTION: Read this statement carefully before signing. This document requires you to provide information which, if not true, could make you responsible for the payment of tuition for your child to attend the Burrillville schools.

Section I

I, (name) _____, affirm that

(child's name) _____, whose birth date is

(month/day/year) _____ resides permanently with me at

my residence at _____, in the Burrillville district. I am the (check one):

_____ Custodial Parent

_____ Legal Guardian

_____ State Appointed Custodian

_____ Person responsible for the child who resides with me for other than the sole purpose of attending the Burrillville schools

Of the above named child. Submitted with this statement, if applicable, is a certified copy of a court order granting me custody, legal guardianship, or temporary state custody of the above named child.

Section II

I understand that only legal residents of the Town of Burrillville, who are otherwise eligible, are entitled to be educated by the Town of Burrillville without charge.

Section III

If any of the above ceases to be true, I shall immediately notify the Burrillville School Department in writing and, if the child is permitted to remain in the Burrillville schools, I will be responsible for payment of tuition for the child at the prevailing district rate on a pro-rated basis (unless otherwise permitted to remain in the district by applicable law or regulation). Such payment shall be charged from the date that any of the above information ceases to be true. Such tuition shall become immediately due and payable.

I affirm that the above statements are true and accurate to the best of my knowledge.

name _____ *date* _____
Subscribed and sworn to before me this _____ day of _____ in the year 20 ____

Notary Public
My Commission expires _____

**Burrillville School Department
Burrillville, RI**

AFFIDAVIT AFFIRMING RESIDENCY

1. I am the owner of the residential property at _____ Street
(copy of Burrillville property tax bill attached)

The following named adult person(s) is/are residing with me:

Name and relationship _____

Along with the following children of whom they are either the natural parents, legal guardians or, if neither, have documented physical custody (copy attached):

Names(s), Relationship, and Date of Birth

2. I own the residential property at _____ Street

And rent/lease to _____
(copies of Burrillville property tax bill and rent receipt/lease agreement attached)

Along with the following children of whom they are either the natural parents, legal guardians or, if neither, have documented physical custody (copy attached):

Names(s), Relationship, and Date of Birth

All parties attest that the residence of these children has not been established solely for the purpose of making them eligible for attendance in the Burrillville schools.

We acknowledge that if we submit a false affidavit for the purpose of these children to attend the Burrillville schools, it will result in appropriate civil and/or criminal proceedings seeking money damages and other such penalties as prescribed by law.

_____ *printed name*
of property owner *signature* *date*

_____ *printed name of parent of above children* *signature* *date*

Subscribed and sworn to before me this _____ day of _____ in the year 20 _____

Notary Public
My Commission expires _____