

Westerly Public Schools
Central Registration
23 Highland Avenue
Babcock Hall
Westerly, RI 02891
401-315-1502 (call for an appointment)
401-348-2707 Fax
Michelle Barber, Student Registrar
Mbarber@westerly.k12.ri.us



Registration Packet Returning WPS students

Documents/Forms Required for Registration:

- Completed Student Registration Packet
- Child's Immunization Records and Physical
- Proof of Residency (see below)
- Custody Papers (if applicable)
- Parent/Guardian Driver's License/State ID
- To make an appointment to register your child you must call the Student Registration Office at 401-315-1502.

If you are having difficulty presenting any of the required information, please let us know when scheduling your appointment.

Acceptable forms of Proof of Residency:

- Rental/Lease Agreement/Mortgage Statement
 - Current Utility Bill
 - Westerly Property Tax Bill
 - State Housing Letter
-
-

Are you a Military Family? Please check one of the following:

Active

Guard

Reserves

It is the policy of Westerly Public Schools not to discriminate in its education programs, activities, or employment policies on the basis of age, color, gender, national origin, race, religion, sexual orientation, or disability. If special accommodations are needed, please call 401-315-1502, 48 hours in advance.

Westerly Public Schools

Student Registration Form (please complete one form for each child to be enrolled)

STUDENT INFORMATION

SASID#

LASID#

Student Name _____
First Middle Last

Preferred Name _____ Gender M/F Date of Birth: _____

Place of Birth: _____ Entering Grade _____ School Year _____

STUDENT RESIDENCE INFORMATION

Home Address _____
Street Address Apt# City State Zip

Mailing Address (if different from above) _____ Home Phone _____

Are you currently *sharing* your home with another family? Y N

If yes, does this family have children who attend Westerly Public Schools? Y N If yes, please list student/school below.

Student Name	School Name	Student Name	School Name

HEAD OF HOUSEHOLD INFORMATION

FAMILY#

Student lives with (circle one): Both Parents Mother Father Guardian Other (specify) _____

Status of parents (check one): Married Divorced Widowed Separated Single/Never Married

If divorced, who has legal custody? Mother Father **(PLEASE ATTACH COPIES OF LEGAL DOCUMENTS)**

Is there a custodial agreement in place? Yes Sole Joint

Current Restraining Order? Yes No Expiration Date: _____

Are you the biological/adoptive parent(s) of the child? Yes No If no, your relationship: _____

Father/Guardian

Name: _____

Address: _____

Home Phone: _____

Cell/Pager: _____

Email: _____

Employer: _____

Work Phone: _____

Mother/Guardian

Name: _____

Address: _____

Home Phone: _____

Cell/Pager: _____

Email: _____

Employer: _____

Work Phone: _____

STUDENT NAME (FROM PAGE 1)

Has your child previously attended Westerly Public Schools? Yes No

If yes, what year did your child withdraw? _____

Have you ever been enrolled in any other Rhode Island District? Yes No

If yes, list the name of last Rhode Island district attended _____

SPECIAL SERVICES

Has your child received any of the following services? (Please circle all that apply)

Gifted Education

Individual Education Plan (IEP)

504 Individualized Accommodation Plan

SIBLINGS

Does your child have any siblings that attend Westerly Public Schools?

Name	Date of Birth	Grade	School

EMERGENCY CONTACT INFORMATION

LASID#

LOCAL DAYTIME CONTACT OTHER THAN PARENT/GUARDIAN:

ONLY the following **adults** may be notified and are authorized to accept responsibility for this child in case of illness/emergency or in the event the child is dismissed before the close of school.

Relationship	Name	Home Phone	Cell Phone

Relationship	Name	Home Phone	Cell Phone

Relationship	Name	Home Phone	Cell Phone

STUDENT TRANSPORTATION NEEDS

Does your child need wheelchair transportation? Y N Seatbelt/Harness (if stated in IEP) Y N

Circle one choice for AM and one choice for PM

AM: Bus	Walker	Drop-Off	PM: Bus	Walker	Pick-Up
----------------	--------	----------	----------------	--------	---------

In the event of early school closing (inclement weather) and in the event that no one is at home, my child has been instructed to follow this contingency plan:

IF NO CONTINGENCY PLAN IS IN PLACE, your child will be taken back to the school they attend to await pick up by parent or designated contact. PLEASE BE AWARE that police may be contacted.

I certify that I have completed this registration form to the best of my knowledge.

Printed Name:

Relationship:

Signed Name:

Date:

Westerly Public Schools

23 Highland Avenue
Westerly, RI 02891

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Records to be released to:

Dunns Corners School
8 1/2 Plateau Road
Westerly, RI 02891
Phone 401-348-2320
Fax 401-348-2325

Springbrook School
39 Springbrook Road
Westerly, RI 02891
Phone 401-348-2296
Fax 401-348-2305

State Street School
35 State Street
Westerly, RI 02891
Phone 401-348-2340
Fax 401-348-2345

Westerly Middle School
10 Sandy Hill Road
Westerly, RI 02891
Phone 401-315-1601
Fax 401-348-2752

Westerly High School
23 Ward Avenue
Westerly, RI 02891
Phone 401-315-1501
Fax 401-315-1611

Central Registration
23 Highland Avenue
Westerly, RI 02891
Phone 401-315-1502
Fax 401-348-2707

Dear Sir or Madam:

The below named student has registered in the Westerly Public Schools. We are requesting that all academic and health records be forwarded to the address indicated above. Thank you in advance for your immediate attention to this request.

Sincerely,
Dr. Mark Garceau
Superintendent

Student's Full Legal Name (maiden name if applicable)

Grade OR Date of Graduation

PREVIOUS SCHOOL INFORMATION *Please enclose a copy of this request with the records*

School Name: _____

Street Address: _____

City/Town/Zip: _____

Attention: _____

Phone: _____ Fax: _____

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

I hereby authorize the release of records for the above named student to the Westerly Public Schools.

Date: _____ Signature: _____
Parent/Legal Guardian/Student if over 18 Relationship to Student

Westerly Public Schools
Special Education Office
23 Highland Avenue
Westerly, RI 02891

Phone (401) 315-1518 Fax (401) 315-1545

**Authorization for Release of Information
Special Education Records**

Date: _____

Regarding _____ DOB: _____
Student Name

I/We hereby authorize the Westerly School Department to: _____ release to and/or _____ obtain from

Name: _____ Address: _____

_____ Phone: _____
(Name of School, Medical Facility, Person, Agency, Organization)

Special Education Documentation

- | | |
|---|--|
| <input type="checkbox"/> All Special Education Records | <input type="checkbox"/> Evaluation Team Summary |
| <input type="checkbox"/> Eligibility Statement | <input type="checkbox"/> Meeting Minutes |
| <input type="checkbox"/> IEP | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Psychological Assessment | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Neuropsychological Assessment | <input type="checkbox"/> Speech Language Assessment |
| <input type="checkbox"/> Educational Assessment | <input type="checkbox"/> Occupational Therapy Assessment |
| <input type="checkbox"/> Clinical Psychological Assessment | <input type="checkbox"/> Physical Therapy Assessment |
| <input type="checkbox"/> Psychiatric Evaluation Assessment | <input type="checkbox"/> Adaptive PE Assessment |
| <input type="checkbox"/> Neurological Assessment | <input type="checkbox"/> Vision and Mobility Assessments |
| <input type="checkbox"/> Medical Assessment | <input type="checkbox"/> Observations |
| <input type="checkbox"/> Assistive Technology Assessment | <input type="checkbox"/> Functional Behavior Assessments |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Other |

This information is needed for the following purpose:

I/We understand information released/received by either party identified above cannot be released to any third party without my/our express written authorization. Further, I/We understand any of the records which involve alcohol, drug abuse, or HIV (AIDS) testing are processed under Federal Regulation 42 CFR, Confidentiality of Alcohol and Drug Abuse, and RI Public Law Ch. 88-405, Sec. 23.

This authorization shall be effective one year from date signed and can be withdrawn at any time.

Signed: _____
Parent or Legal Guardian Student if Age 18

Relationship Date

Westerly Public Schools *Residency Policy*

Residency Requirements

1. Policy

- 1.1 Only children who reside in Westerly, residency being defined by the Rhode Island General Laws 16-64-1, and who are legally under control of the adults with whom they reside shall be allowed to attend the Westerly Public Schools.
- 1.2 Parents of non-resident children may request, in writing, from the Superintendent of Schools, permission for a child or children to attend Westerly Public Schools at a tuition rate established by the School Committee. Transportation for non-resident students will not be provided.
- 1.3 Parents or guardians who will be leaving Westerly prior to the end of the school year may request, in writing, permission to allow their children to attend Westerly Public Schools in accordance with the provisions of Rhode Island General Law 16-64-8. When a student changes his/her residence during the course of a semester, the student shall be allowed to complete the semester in Westerly. If the student is a senior or about to enter his/her senior year, the student shall be allowed to complete his/her senior year in Westerly as long as the student has sufficient credits which will enable him/her to graduate upon completion of one additional year.

Parents or guardians who will be moving to Westerly soon after the school year begins may request, in writing, permission to allow their children to attend Westerly Public Schools. Said request must include any Purchase and Sale Agreement or Lease Agreement for the intended place of residence and a projected date of occupancy for the residence. Parents will be required to pay tuition beginning on the first day and must make, at a minimum, payment for the quarter. If the parents take up residency in the community within forty-five (45) school days from the start of school, the tuition will be refunded in full. If residency takes place after the forty-fifth (45th) school day, tuition will then be charged on a per diem rate for all days attended as a non-resident.

2. Procedure

- 2.1 Affidavit of Residence will be required to be completed by all enrolled students.
- 2.2 Each principal shall submit to the Superintendent of Schools the name of any student in his/her school whom he/she suspects may not be residents of Westerly.
- 2.3 The Superintendent shall investigate each referral to insure residence requirements are enforced.

Adopted: October 3, 2001

Central Registration Office

23 Highland Avenue
Westerly, RI 02891
(401) 315-1502
Fax: (401) 348-2707

AFFIDAVIT OF RESIDENCE

Must be completed within 48 hours (two business days)

Must be signed in the presence of a Westerly Public Schools Central Registration Notary.

The undersigned, being a parent or duly appointed guardian of _____
an un-emancipated minor, hereby certifies that the following information is true, complete and accurate. It is understood that this
information is sought and will be called upon by the Westerly Public Schools for the purpose of determining the residence of the
named child for school purposes.

The School Committee requires proof of residency documents such as lease/rental agreement, electric bill, etc.

Name of child _____

Child's residence _____

Length of child's residence at this address _____

Name of child's parents(s) _____

Parent(s) address _____

If parents reside in a different city or town, which parent has actual custody of the child?

Name of legal guardian _____

Guardian's address _____

Guardian appointed by _____

Does child reside with parent or legal guardian? _____

If child does not reside with parent or legal guardian, with whom does child reside?

Please state relationship to child _____

Child's residence during last school year _____

If child does not reside with parent or legal guardian, please state reason(s) _____

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

Affiant

STATE OF RHODE ISLAND, COUNTY OF WASHINGTON

Subscribed and sworn to before me this _____ day of _____, _____ by the above named individual
to be his/her free act and deed.

Notary Public

Westerly Public Schools
**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL
 INFORMATION AND REPORTS**

I hereby authorize the Westerly Public Schools to obtain/release the following information as marked for the purposes of student registration:

X	Check mark indicates requested forms
	Proof of immunizations
	Proof of physical
	Lead screening
	Vision screening
	PPD results
	Other:

Records are to be released from:

Name of Doctor: _____

Address: _____

Phone: _____ Fax: _____

I understand that the records are protected under the State Confidentiality of Health Care Information Act and Privacy Act as well as the Federal Family Education Rights and Privacy Act and other federal and state law; that I agree to indemnify you for any claims made concerning such release; and state that any information given or received shall not be further released to anyone without first obtaining my additional written consent.

This authorization may be withdrawn by written notice at any further time. This authorization will expire six (6) months from the date below. Mechanical reproduction of this authorization may be accepted as if an original.

Students Name: _____ DOB: _____

Current Address: _____

Consented by: _____
 Print Name Date

Relationship to student: _____

Signature: _____

Refused: _____ Date: _____



Department of Health

Three Capitol Hill Providence, RI 02908-5097

TTY: 711

www.health.ri.gov

Permission to provide information to KIDSNET

KIDSNET is a Department of Health information system containing healthcare information, including immunization and lead screening records. The information is shared with authorized healthcare professionals like school nurses and doctors to help assure that children are up to date on immunizations and other preventive health services. Signing this form gives your school nurse permission to share your address and/or immunization information with KIDSNET to help coordinate your health care and assure you have met the immunization requirements for school entry.

I, _____, hereby consent and grant to
(name)
_____ permission to provide
(name of school)

Check all that apply:

_____ Address

_____ Immunization information

to the Rhode Island Department of Health, KIDSNET Program, 3 Capitol Hill, Providence, RI 02908 for the purpose of health care coordination, including correspondence with parents or guardians and assuring that all healthcare providers responsible for verifying immunization status have complete and accurate information:

Student Name: _____

Mailing Address: _____

In signing this consent form, the student and/or the student's parent or legal guardian agrees to permit the release of these records.

Signature of Parent/legal guardian
(for students under age 18)

Signature of student
(for students 18+ years of age)

Printed name of Parent/legal guardian

Printed name of student

Date: _____

Date: _____

State of Rhode Island and Providence Plantations

Westerly Public Schools
Medical and Developmental History Form

Name of Child _____ Date of Birth _____ M _____ F _____

Address _____ Telephone Number _____

Mother's Name _____ Father's Name _____

Address _____ Address _____
(if different from above) (if different from above)

Physician _____ Date of last physical exam _____

Child's family includes:

Brothers (name and date of birth)

Sisters (names and date of birth)

The following medical and developmental history is confidential. Your responses will be shared with professional personnel only if the information learned will help in planning your child's educational program.

1. GENERAL HEALTH HISTORY

Please check any of the following problems that your child may have experienced:

- | | |
|------------------------------------|-------------------------------------|
| _____ Allergy to insect stings | Epipen? _____ |
| _____ Allergies (other than above) | Epipen? _____ |
| _____ Asthma _____ Inhaler? | Other: _____ |
| _____ Cerebral Palsy | _____ Diabetes |
| _____ Epilepsy/Heart Condition | _____ Heart Condition |
| _____ Orthopedic/Speech Defect | _____ Speech Defect |
| _____ Hearing Problem / Problem | _____ Vision Problem |
| _____ Urinary Problem | _____ Surgeries or Hospitalization? |
| _____ Other (please specify) _____ | |

If your child is currently under treatment or experiencing any medical conditions, please describe the current problem and include any information about current treatment including medication, restrictions, etc.

Please list any immunizations, communicable diseases, serious injuries and/or operations or hospitalizations your child has had in the **past year**:

REMINDER: Any medication that needs to be administered to your child by a school nurse/teacher during school hours requires a completed physician's form (WO-123) from the prescribing physician. A copy of the Administration of Medication Form (WO-123) and/or Westerly Public Schools Policy Relating to Administering Medication to Children in School is available upon request.

Signature _____ Relationship _____ Date _____