



SOUTH KINGSTOWN SCHOOL DEPARTMENT

307 Curtis Corner
Wakefield, RI 02879
(401) 360-1300

REGISTRATION INSTRUCTIONS

STEP 1: Complete the online pre-registration process:

Prior to your registration appointment, please complete the online pre-registration process. Please visit our website www.skschools.net and click on the 'Enrolling Students' tab under 'Quick Links'. On the Registration Page, the pre-registration link will be found under Step 1: SKSD Pre-Registration. This process will create your Family Access account in Skyward.

STEP 2: Download, print and complete the registration packet. Included in the registration packet are the following forms:

- Home Language Survey Form (Required by the Rhode Island Department of Education)
- Release of Information
- Residency Affidavit
- McKinney Vento Student Residency Form
- Student Health History Form

STEP 3: Gather Required Documentation:

In addition to the registration packet, the following documentation must be provided at the time of your registration appointment:

- Birth Certificate (Official Copy Only) or Passport or Military ID (Child must be 5 yrs old on or before September 1 to enter Kindergarten)
- Photo Identification of Parent/Guardian
- Court Documentation (Legal documentation proving custody or guardianship, if applicable)
- Residency Evidence - A true copy of one (1) piece of current residency evidence from Column A and one (1) piece from Column B

Column A	Column B
Copy of Mortgage Statement	Copy of Cable Bill
Copy of Property Tax Bill	Copy of Electric Bill
Copy of fully executed Lease; Rental Agreement, Letter from Landlord	Other

- Pediatrician/State Physical Form with Immunizations - All forms must be signed by your child's doctor and must contain the most recent immunizations and up to date physical information (dated within one year). Kindergarten age children must have a lead screening and a vision screening before they can be entered into school.)
- Any Additional Documentation - Please bring any information regarding services your child may receive, ie. Individual Education Plan, 504 Plans, Response to Intervention Services or English Language Learner Services)

STEP 4: Schedule your registration appointment: [CLICK HERE](#)

Grade Level	Contact	Location	Office Hours
Grades PreK through 12	Kristen Gleason (401) 360-1325 kgleason@sksd-ri.net	SKSD Central Office 307 Curtis Corner Rd Wakefield, RI 02879	9:00 am - 3:00 pm

Please contact the Registrar's Office if you would like a copy of the printed packet or if you have any questions.



State of Rhode Island and Providence Plantations
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 Shepard Building
 255 Westminister Street
 Providence, Rhode Island 02903-3400

Angélica Infante-Green
 Commissioner

Home Language Survey (HLS)

To be completed by Parent or Guardian

Dear Parent or Guardian,

The information requested on this form is necessary for the most appropriate school placement of your child, and will not be used for any other purposes¹.

Thank you for your collaboration.

Student Name:		
<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of Birth:		Place of Birth²:
<i>Month</i>	<i>Day</i>	<i>Year</i>
<i>Parent or Guardian Relationship to student:</i>		
<input type="checkbox"/> <i>Mother</i> <input type="checkbox"/> <i>Father</i> <input type="checkbox"/> <i>Other</i> _____		

Home Language Code:

Language Background	
<i>(Please check all that apply)</i>	
1. What is the primary language used in the home, regardless of the language spoken by the student?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>Specify</i></div>
2. What is the language most often spoken by the student?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>Specify</i></div>
3. What is the language that the student first acquired?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>Specify</i></div>
4. What language(s) does your child understand?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>Specify</i></div>
5. What language(s) does your child speak?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not speak <div style="text-align: right;"><i>Specify</i></div>
6. What language(s) does your child read?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not read <div style="text-align: right;"><i>Specify</i></div>
7. What language(s) does your child write?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not write <div style="text-align: right;"><i>Specify</i></div>

¹ Required by Rhode Island Law (R.I.G.L. § 16-54-2) and the Equal Educational Opportunity Act (20 U.S.C. §1703(f))

² Families are not required to provide the place of birth, but providing the information can help LEAs to better prepare to be culturally responsive.

Last Updated: 4/30/2020

Telephone (401)222-4600 Fax (401)222-6178 TTY (800)745-5555 Voice (800)745-6575 Website: www.ride.ri.gov

The R.I. Board of Education does not discriminate on the basis of age, sex, sexual orientation, gender identity/expression, race, color, religion, national origin, or disability.

Family Interview – Educational History

1. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure

 *If yes, please explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

2a. Has your child ever been referred for a special education evaluation in the past? No Yes*

If referred for an evaluation, has your child been identified? No Yes

*If referred for an evaluation, and identified has your child ever received any special education services in the past?

No Yes – Type of services received: _____

2b. Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

2c. Does your child have an Individualized Education Program (IEP), or 504 plan? No Yes

3. In which language do you prefer to receive oral communications from the school or district?

English Other

_____ *Specify*

4. In which language do you prefer to receive written communications from the school or district?

English Other

_____ *Specify*

5. Indicate date first enrolled in ANY U.S. school _____

(mm/dd/yyyy)

Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

Signature of Parent or Guardian

Month: Day: Year:

Date

Print Parent/Guardian Name

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLS

Name: _____

Position: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLS AND CONDUCTING INDIVIDUAL INTERVIEW

Name: _____

Position: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____

Oral Interview Necessary: YES NO

Date of Individual Interview: _____
Month Day Year

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING THE LANGUAGE SCREENING ASSESSMENT

Name: _____

Position: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____

NAME/POSITION OF QUALIFIED PERSONNEL REPORTING THE LANGUAGE SCREENING SCORES

Name: _____

Position: _____

Date of Screener: _____
Month Day Year

Name of the Language Screening Assessment: _____

Score achieved: _____

Proficiency Level Achieved: Entering 1 / Beginning 2 / Developing 3 / Expanding 4 / Bridging 5 / Reaching 6

FOR STUDENTS WITH AN IEP OR 504 PLAN, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED:



SOUTH KINGSTOWN SCHOOL DEPARTMENT

307 Curtis Corner Road
Wakefield, RI 02879
(401) 360-1300

RELEASE OF INFORMATION

Student: _____ Grade: _____ DOB: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Matunuck Elementary School
380 Matunuck Beach Rd
Wakefield, RI 02879
P (401) 360-1234
F (401) 360-1235 | <input type="checkbox"/> Peace Dale Elementary School
109 Kersey Rd
Peace Dale, RI 02879
P (401) 360-1600
F (401) 360-1601 | <input type="checkbox"/> West Kingston Elementary School
3119 Ministerial Rd
West Kingston, RI 02892
P (401) 360-1130
F (401) 360-1131 |
| <input type="checkbox"/> Broad Rock Middle School
351 Broad Rock Rd
Wakefield, RI 02879
P (401) 360-1800
F (401) 360-1801 | <input type="checkbox"/> South Kingstown High School
215 Columbia St
Wakefield, RI 02879
P (401) 360-1000
F (401) 360-1464 | <input type="checkbox"/> South Kingstown School Dept
307 Curtis Corner Rd
Wakefield, RI 02879
P (401) 360-1300
F (401) 360-1330 |

This Release of Information is valid from ____/____/____ to ____/____/____

I hereby authorize the South Kingstown School Department to:

Choose only one on the left:

- Release to _____ AND/OR Exchange Verbal Information
- Obtain from _____

PERSON/AGENCY: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

Records to be released or disclosed*:

- | | |
|--|--|
| <input type="checkbox"/> Cumulative School Records | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> School Profile (High School Only) | <input type="checkbox"/> Educational Evaluation |
| <input type="checkbox"/> Health and Immunization Records | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> RIDE Accountability Assessments | <input type="checkbox"/> Speech/ Language Evaluation |
| <input type="checkbox"/> 504 Plan, including testing/outside recommendations | <input type="checkbox"/> Rating Scales |
| <input type="checkbox"/> Personal Literacy Plan (PLP), including testing results | <input type="checkbox"/> RI Documentation for Free/Reduced Lunch Program |
| <input type="checkbox"/> Personal Math Plan (PMP), including testing results | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Personal Behavior Plan, including testing results | |

The purpose of release/disclosure is:

Medical/ Health information is protected under R.I. Law 78H-7522. Information released with this authorization will not be given, sold, transferred, or in any way released to any other person not specified on the release form. The consent for release or transfer of information may be withdrawn at any future time.

Signature of Parent/Guardian: _____ Date: ____/____/____

*Parent authorization is not required to transfer educational records to another school district.



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RESIDENCY AFFIDAVIT

CAUTION: Read this statement carefully before signing it. 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 South Kingstown Schools.

All lines must be completed or checked off as directed.

I, _____, upon oath do hereby swear and say:
(parent/guardian name)

1. _____, whose birthdate is _____, herein
(child's legal name) (month/day/year)
referred to as the child, will reside permanently with me at my residence during the **2023-2024** school year at _____
_____, in the South Kingstown, Rhode Island Public School District.
(street address)

2. (Check one only if you are not natural or adoptive parents of child):

The child's parents:

_____ are unknown; _____ are not living; _____ have abandoned the child; or, _____ are unable to care for the child.

3. (Check one only if you are not natural or adoptive parents of child):

I have assumed (check one) _____ legal guardianship or _____ parental responsibility as provided in Rhode Island General Law, Section 16-64-1, for the welfare and conduct of the child.

4. The child is not living in the South Kingstown School District for the sole purpose of attending the South Kingstown Schools.

____ True ____ False

5. Submitted with this statement, if applicable, is a certified copy of a court order granting me legal guardianship or a statement from the child's parent(s) of inability to care for the child. ____ Applicable ____ Not Applicable

6. I understand that only residents of the Town of South Kingstown who are otherwise eligible are entitled to be educated by the Town of South Kingstown without charge. _____ **Please Initial**

If any of the statements in Sections 1 through 6 above ceases to be true, I shall notify the South Kingstown School Department in writing immediately. If the child is permitted to remain in the South Kingstown School System, I will be responsible for payment of tuition for the child at the prevailing district rate on a pro-rated basis from the date any statement in Sections 1 through 6 above ceases to be true. Such tuition shall become immediately due and payable.

(Parent/Guardian printed name)

(Parent/Guardian signature)

(Street address)

(City, State, Zip)

(Relationship or designation to child)

Subscribed and sworn to in my presence this _____ day of _____, 20_____

Notary Public Signature

Notary Commission Expires



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MCKINNEY VENTO STUDENT RESIDENCY FORM

By completing this questionnaire, you help the school district comply with the McKinney-Vento Homeless Assistance Act, as amended by Title IX, Part A of the Every Student Succeeds Act, Pub. L. No. 114-95. Your truthful and accurate answers help the district identify services the student may be eligible to receive.

School _____

Student's name _____

Male Female Birth date (Month/Day/Year) _____ Age _____

Parent(s)/Legal guardian(s) name _____

Address _____

City/State/Zip _____

Phone number _____

1. Where is the student living now? (Check one box)

- In an emergency or transitional shelter.
- In a motel or hotel or abandoned at a hospital.
- In a car, park, abandoned building, or public space.
- In a trailer park, bus or train station, or camping ground.
- With more than one family in a house or apartment.
- With friends or family members (other than parent/guardian).
- In a permanent residence that is fixed, regular, and adequate.

If you checked the last box marked "in a permanent residence that is fixed, regular, and adequate," you do not have to complete the remainder of this form. Please sign below and return a copy of this form either by mail to South Kingstown School Department, 307 Curtis Corner Road, Wakefield, RI 02879 or by fax at (401) 360-1330 or by email to Alexis Meyer, Interim Assistant Superintendent at ameyer@sksd-ri.net

2. Does the living arrangement checked in Question No. 1 result from a loss of housing or economic

hardship? yes no unsure

3. The student lives with:

- One (1) parent.
- Both (2) parents.
- A parent and another adult.
- A relative, friend, or other adult.
- Alone with no adults.
- An adult who is not the parent nor the legal guardian.

4. Name student's siblings, if any.

Parent/legal guardian's signature _____ Date _____

Please return a copy of this form either by mail to South Kingstown School Department, 307 Curtis Corner Road, Wakefield, RI 02879 or by fax at (401) 360-1330 or by email to Alexis Meyer, Interim Assistant Superintendent at ameyer@sksd-ri.net

FOR SCHOOL USE ONLY

- Student not covered under the McKinney-Vento Homeless Assistance Act.
- Student covered under the McKinney-Vento Homeless Assistance Act.
- Follow-up required.

Name and number of a contact person at the student's school who may know of the family's situation

_____ Date received _____

The South Kingstown School Department does not discriminate on the basis of age, sex, race, religion, national origin, color or disability in accordance with applicable laws and regulations.



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STUDENT HEALTH HISTORY

Date: _____
Student's Name: _____ Date of Birth: _____
Home Address: _____ Email Address: _____
Home Phone _____ Grade/Teacher _____
Name of physician or pediatrician _____ Phone # _____

1. Check Any Current Health Conditions and describe

Asthma _____ Eczema _____ Bone or Joint Problems _____ Bladder/ GI/Bowel conditions _____
Diabetes _____ Scoliosis _____ Anxiety _____ Emotional Problems _____ Bleeding Disorder _____
Seizures _____ Heart Conditions _____ Physical Disability _____ Other _____

2. Check Any Past Illnesses, Injuries, Conditions, Operations and describe

Strep Throat _____ Hives _____ Chicken Pox _____ Pneumonia _____ Lyme Disease _____ Headaches _____ Earaches or infections _____
Lead exposure and treatment _____ Developmental Milestones delayed (Walking, talking, etc.)- _____
Past influential event or trauma (Describe) _____ Anxiety _____ Injuries _____ Nightmares _____ Sleep
Difficulties _____ Social/emotional difficulties (Describe) _____ Surgery/Hospitalizations
yes, describe, date) _____ Other _____

3. Medications

Does your child presently take medication including inhalers **at home**? Yes _____ No _____
Please list here: _____
Is there any medication that needs to be taken **at school**? Yes _____ No _____
Please list here name of medication and time _____
MEDICATIONS IN SCHOOL must be administered by the nurse with specific written permission from the physician and parent
(See South Kingstown Medication Policy).

4. Check any Allergies

Bee stings _____ Medications(Name of Med)) _____ Food (Please list) _____
Requires Epipen _____ Requires Benadryl _____
Allergy to Environment _____ List allergens and treatments _____

Any other allergies, reactions or treatments the school needs to know about _____

5. Vision and Hearing

Does your child have any trouble hearing? _____ Tubes or hearing aides? _____
Does your child have difficulty seeing? _____ Wears glasses or contacts? _____

6. Dental Information

R.I. State Law mandates that all students in Grades K-5 be examined by a dentist at least once a year and once during grades 6-10.
Please indicate here the dentist that follows your child or the school dentist will see your child.
Dentist's name: _____ Address _____ Phone# _____
Last seen or date to be seen _____

7. Other

Any Dietary Restrictions? _____
Is your child able to fully participate in school activities? _____
Is your child being treated for anything right now? _____ If yes, explain _____
Please note any additional information in regards to your child _____

** School Nurse will notify Chartwells Food Service of any Life Threatening Food allergies.

**Parents are responsible to notify bus driver and any after school programs about any health issues.

Updated-2-2021

***Teachers and support staff will be able to view health concerns via Skyward program or may be informed as needed.

Parent Signature _____ Date _____