



SOUTH KINGSTOWN SCHOOL DEPARTMENT

307 Curtis Corner Road, WAKEFIELD, RI 02879

Kindergarten Enrollment Checklist

Home School _____

Student Name _____ Date _____

____ Student Enrollment Form

____ Birth Certificate (original required to be copied at time of enrollment)

____ Home Language Survey

____ Request for transportation

____ Student Health History

____ RI Department of Health Form

____ Physical and Immunizations (Provide a copy of the most recent physical including immunizations. Must include dates of all immunizations and be signed by physician.)

____ Enrollment Survey

Residency Documentation Required

____ Student Eligibility Form

____ Residency Affidavit (must be notarized)

Registration must include the following from each column to be accepted as proof of residency. Provide one piece of evidence from Column A and Column B.

Column A	Column B
<input type="checkbox"/> Copy of mortgage statement	<input type="checkbox"/> Copy of Cable Bill
<input type="checkbox"/> Copy of property tax bill for residence	<input type="checkbox"/> Copy of utility bill (gas/electric)
<input type="checkbox"/> Copy of fully executed lease agreement or letter from landlord	

SOUTH KINGSTOWN SCHOOL DEPARTMENT - STUDENT ENROLLMENT FORM
EXACT INFORMATION IS REQUIRED ON THIS FORM ~ PROVIDE LEGAL NAMES - NO NICK NAMES

Please note, the fields marked with an * MUST be completed.

*Last Name _____ *First Name _____ Middle Name _____

*Physical Address _____ Town _____ Zip Code _____

Mailing Address (if different) _____

*Birth Date _____ Grade _____ *Sex _____

Place of Birth _____ Languages other than English spoken at home _____

*Is the student Hispanic or Latino? (choose one) Yes No

*What is the student's race? (choose one or more)
American Indian/Alaskan Native Black or African American
Asian Native Hawaiian or Other Pacific Islander
White

Last School Attended _____ Grade in previous school _____

Address of last school attended _____

Please check if your child receives any of the following services: _____ IEP _____ 504 PLAN _____ OT
(Please provide any documentation regarding services) _____ SPEECH _____ READING SPECIALIST
_____ COUNSELING _____ OTHER: _____

INFORMATION ON BOTH PARENTS IS REQUESTED

1st Contact (Mother/Guardian): _____ Home Phone# _____

Address of Mother/Guardian _____

Cell Phone # _____ E-Mail Address _____

Place of employment of Mother/Guardian _____ Work Phone # _____

2nd Contact (Father/Guardian): _____ Home Phone # _____

Address of Father/Guardian _____

Cell Phone # _____ E-Mail Address _____

Place of employment of Father/Guardian _____ Work Phone # _____

3rd Contact: Name _____ Relationship to Student _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

4th Contact: Name _____ Relationship to Student _____

Home Phone # _____ Work Phone # _____ Cell Phone# _____

Siblings: Name: _____ Grade: _____
Name: _____ Grade: _____

If there is any court intervention related to this child, please indicate and provide documentation
_____ None _____ Documentation Provided

SOUTH KINGSTOWN SCHOOL DEPARTMENT

HOME LANGUAGE SURVEY

Dear Parent(s)/Guardian(s):

The General Assembly of the State of Rhode Island mandates an assessment of the number of children who speak a language other than English. To fulfill this requirement, the South Kingstown School Department needs a survey of the home language of all students enrolled in the public schools. We are requesting your cooperation in completing this form. Please answer this questionnaire and return it to school. Families with more than one child will need to complete a questionnaire for each child enrolled in school. If you have any questions, please contact the school principal. Thank you for your cooperation.

Student's Name: _____ Date of Birth: _____

School: _____

PLEASE ANSWER EACH QUESTION BY CIRCLING THE APPROPRIATE LETTER.

IF YOU CIRCLE "O" FOR OTHER, PLEASE SPECIFY WHICH OTHER LANGUAGE.

1. What language do you **most often** use when speaking to your child?
 E English
 O Other (specify) _____
2. What language did your child **first** learn to speak?
 E English
 O Other (specify) _____
3. What language does your child **most often** use when speaking to siblings, and other children?
 E English
 O Other (specify) _____
4. What language does your child **most often** use when speaking with you or other adults in the home? (Grandparents, aunts, uncles, guests)
 E English
 O Other (specify) _____
5. What language does your child **most often** use when speaking with friends or neighbors, outside the home?
 E English
 O Other (specify) _____

Signature of Parents or Guardian

Date

OCEAN STATE TRANSIT
45 FAIRGROUNDS ROAD
WEST KINGSTON, RI 02892
(401)284-3920 FAX (401)284-3929

Please check below:

- New Student
- AM Transportation Needed Only
- PM Transportation Needed Only
- Both AM & PM Transportation Needed
- Pick-up at Daycare Provider
- Drop-off at Daycare Provider
- Student Exited
- Change of address (Previous Address: _____)

Entity Code
103 Wakefield
107 Peace Dale
108 SKHS
110 CCMS
112 West Kingston
113 Matunuck
114 BRMS
190 The Center

Home Address: _____

Home Phone: _____

Student Name: _____ School: _____ Grade: _____ ID: _____

Additional students in the family:

Student Name: _____ School: _____ Grade: _____ ID: _____

Student Name: _____ School: _____ Grade: _____ ID: _____

Student Name: _____ School: _____ Grade: _____ ID: _____

Complete if Applicable:

Daycare Provider Name: _____

Daycare Provider Address: _____

Daycare Provider Phone: _____

(For Ocean State Transit use only)

Allow three days for transportation to start.

Bus Number: _____ Stop Location: _____

Pick-Up Time: _____ Drop-Off Time: _____

SOUTH KINGSTOWN SCHOOL DEPARTMENT STUDENT HEALTH HISTORY

Date: _____

Child's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Grade/Teacher: _____

Name of Physician/Pediatrician: _____

Address: _____ Phone: _____

1. Check Any Current Health Conditions:

Asthma Eczema Bone or Joint Problems Diabetes Scoliosis Emotional Problems
Seizures Heart Condition Physical Disability Other _____

2. Check Any Past Illnesses, Injuries, Conditions Operations

Strep Throat _____ Hives _____ Chicken Pox _____ Operations _____ Scarlet Fever _____ Diarrhea _____ Pneumonia _____
Sinus Infections _____ Headaches _____ Stomachaches _____ Earaches/Infections _____ Other _____

Teachers & support staff will be notified of health concerns on a confidential health list.

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 name of medication and time to be taken. _____

MEDICATIONS IN SCHOOL: Must be administered by the nurse with specific written permission from the physician and parent. No child should bring medication to school.

4. Check Any Allergies:

Allergy to Bee Stings: _____ Requires Epipen _____ Requires Benadryl _____

Allergy to Foods: _____ Requires Epipen _____ List Foods _____

Allergy to Medications: _____ List Medication(s) here: _____

Allergy to Environment: _____ List Allergens & Treatment: _____

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

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: RI State Law mandates that all students in elementary schools be examined by a dentist at least once a year and once during grades 6-12. Please indicate the dentist that follows your child or the school dentist will exam your child.

Dentist's Name: _____ Address: _____ Phone#: _____

Date of last or next examination: _____

7. Other:

Is your child able to fully participate in school activities? _____

Is your child being treated for anything at this time? _____ If yes, please explain: _____

Please note any additional information in regards to your child: _____

Parent/Guardian Signature: _____

Date: _____

**** South Kingstown School District is a KIDSNET Authorized user.**

**** Parent(s)/Guardian(s) is/are responsible for notifying the bus driver and any after school programs regarding any health issues for their child(ren).**

Rhode Island Department of Health Immunization Program

Pre-screen form for pre-school/daycare and kindergarten records.

Please complete the following to be attached to the child's record:

1. Child's Date of Birth _____
2. Gender M F
3. Ethnicity Hispanic Non-Hispanic
4. Race White Black/African American
 Asian American Indian/Alaskan Native
 Other (specify) _____
5. Place of Birth USA: yes no Rhode Island: yes no
6. Lead Screening yes no
7. Date of last physical _____
8. Height _____ Date taken if different than #87 _____
10. Weight _____ Date taken if different than #87 _____

All information is confidential and is reported only in aggregate
with no identifying information about any individual child.

ENROLLMENT SURVEY

Please take a moment to complete the following survey so that the South Kingstown Public Schools can benefit from your feedback.

Please circle the most important response:

1. Why are you enrolling your child in the South Kingstown Public Schools?

Moved to the district

No longer home schooling

No longer attending private school

No longer attending charter school

2. Briefly explain why you made this choice:

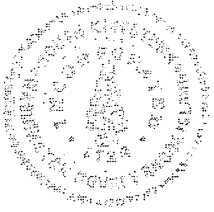
3. Would you like someone to follow up with you?

Yes

No

4. Contact information (Name and email or telephone number)

Thank you for taking the time to complete this survey.



**SOUTH KINGSTOWN SCHOOL DEPARTMENT
307 CURTIS CORNER ROAD
WAKEFIELD, RI 02879**

**McKinney-Vento Act
Student Eligibility Form**

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

Where does the student stay at night?

_____ in a shelter

_____ in a motel/hotel

_____ in a car

_____ at a campsite

_____ in another location that is not appropriate for people (e.g., an abandoned building)

_____ temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)

_____ other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choice)

Name of school: _____

Name of student: _____ Student's date of birth: _____

I, (name) _____

declare as follows:

I am the parent/legal guardian of (name of student) _____ who is of school age and is seeking enrollment in (name of school district) _____.

Since (date) _____, our family has not had a permanent residence.

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Name of person completed the form: _____

Signature: _____ Date: _____

Address: _____

Phone number: _____ e-mail address: _____

I can be reached for emergencies at: _____

Adapted from materials from the California Department of Education and the San Antonio Independent School District.

Residency Policy Appendix A

**SOUTH KINGSTOWN PUBLIC SCHOOLS
South Kingstown, 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 under penalty of law for your child to attend South Kingstown Public 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 (street address) _____, in the South Kingstown Public

School District. I am the (check one):

- custodial parent
- legal guardian
- state-appointed custodian
- person responsible for the child who resides with me for purpose other than attending South Kingstown Public 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 South Kingstown who are otherwise eligible are entitled to be educated by the Town of South Kingstown without charge. A school department designee may visit for the purpose of verifying residence in South Kingstown.

Section III

If any of the information above ceases to be true, I shall immediately notify the South Kingstown School Department in writing and, if the child is permitted to remain in the South Kingstown School System, I will be responsible for the 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 under the pain and penalties of perjury that the above statements are true and accurate to the best of my knowledge.

Signature

Date

Notary Public