

Dear Woonsocket families,

Until further notice we will be processing all student registrations remotely. We wish you and your family the best during this time. Please click on the registration forms below to register. Stay well!

Thank you,

Alfred Notarianni
Chief Operating Officer

Cheryl Rondeau
Administrative Assistant
(401)767-4610

registration@woonsocketschools.com

[Registration Form \(English\)](#)

[Registration Form \(Spanish\)](#)

Documentation Required

- An original or certified copy of student's birth certificate.
- [Click here for current Physical Exam and Immunization Records](#)
- Prior School Records
- Transcripts/most recent report card
 - Assessments (if applicable)
 - Copy of student's Individualized Education Program (if applicable)
 - Copy of student's 504 Plan (if applicable)
- Proof of Residency - The Woonsocket Education Department requires two (2) documents verifying Woonsocket residence for the student(s) being enrolled. You must provide one (1) document from category A and one (1) document from category B. Please feel free to black out any sensitive financial/personal information included on your documents.

Category A-Choose 1

- Current Mortgage statement
- Copy of Mortgage Deed
- Current lease/ rental agreement
- Legal affidavit from Landlord affirming tenancy
- Property Tax Bill (past year)
- Section 8 Agreement
- Purchase and Sales Agreement above \$5000

Category B-Choose 1

- Utility bill - gas, oil, electric, water, cable (last 30 days)
- Student Loan statement (last 30 days)
- Credit Card statement (last 30 days)
- Insurance bill/ Policy (Last 30 days)
- Current Vehicle Registration
- Payroll stub (Last 30 days)
- Bank statement (Last 30 days)
- W-2/ Tax return (Past Year)
- Vehicle tax bill (Past Year)
- Proof of Snap/ SSI (Last 30 days)

Woonsocket Education**Department****Student Registration Form**

Completed Student Registration Form

Birth Certificate (Kindergarten must be 5 on or before September 1st)

Proof of Woonsocket Residence -2 Documents -1 from Category A and 1 from Category B

Current physical exam with up to date immunizations (including lead and vision screening for Kindergarten)

Transcripts / most recent report card -Assessments, IEP, 504 plan (if applicable)

Email all documents to registration@woonsocketschools.com

PLEASE INCLUDE STUDENT'S NAME AND DATE OF BIRTH ON ALL DOCUMENTS AND EMAILS (401)767-4610

DO YOU HAVE HOME WIFI OR INTERNET SERVICE?

YES

NO

PLEASE PRINT and COMPLETE EACH SECTION**STEP 1: Student Information**

STUDENT ID#

☐ Male ☐ Female Date of Birth: (Month)____/(Day)____/(Year)____ Grade: _____Student Name: _____
(LAST) (FIRST) (MIDDLE)Address: _____
(STREET) (APT or UNIT #) (CITY/STATE) (ZIP CODE)School Last Attended: _____
(NAME OF SCHOOL) (TOWN/STATE) (ZIP CODE) (PHONE NUMBER)

Custody Arrangement (CIRCLE ONE): SOLE DUAL N/A If living with foster parents, agency name: _____

New Federal standards require that school districts collect and report information regarding race and ethnicity.Is your child Hispanic or Latino? ☐ Yes ☐ NoIs your child Asian? ☐ Yes ☐ No☐ American Indian or Alaskan Native☐ White☐ Cambodian☐ Hmong☐ Laotian☐ Black or African American☐ Native Hawaiian or other Pacific Islander☐ Filipino☐ Vietnamese☐ Thai☐ Bruneians☐ Burmese☐ Indonesian☐ Malaysian☐ Timoran☐ Singaporean

Has your child ever been registered and/or enrolled in the Woonsocket Public Schools? No ____ Yes ____

Do you have other children attending Woonsocket Public Schools? No ____ Yes ____ If yes, please list student names:

FULL NAME: _____ RELATIONSHIP: _____ SCHOOL: _____

FULL NAME: _____ RELATIONSHIP: _____ SCHOOL: _____

FULL NAME: _____ RELATIONSHIP: _____ SCHOOL: _____

STEP 2: Family Information1. Parent/Guardian ☐ Father – Date of Birth: _____ ☐ Mother – Date of Birth: _____Name: _____ EMAIL ADDRESS: _____
(LAST) (FIRST) (MIDDLE)Address (if different from student): _____
(STREET) (APT or UNIT #) (TOWN/STATE) (ZIP CODE)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Parent/Guardian ☐ Father – Date of Birth: _____ ☐ Mother – Date of Birth: _____Name: _____ EMAIL ADDRESS: _____
(LAST) (FIRST) (MIDDLE)Address (if different from student): _____
(STREET) (APT or UNIT #) (TOWN/STATE) (ZIP CODE)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Language Spoken at Home: _____

I certify that the information I have provided in this document is accurate, and that the child named above will be permanently residing at the indicated address. It is my responsibility to notify the school of any change of information.

Parent/Legal Guardian

Signature: _____

Date: _____

Student Name: _____ Date of Birth: _____ Grade: _____

STEP 3: Specialized Services Section

- Does your child presently have an *Individualized Education Plan* (IEP)? ☐ Yes ☐ No
- Has your child had a screening test with *Child Outreach*? ☐ Yes ☐ No
- Does your child have a *Section 504 Plan*? ☐ Yes ☐ No
- Does your child presently receive any *English Language Learner* (ELL) instruction? ☐ Yes ☐ No
- Does your child receive any other services not already mentioned? If yes, please explain: ☐ Yes ☐ No

STEP 4: Emergency Contacts & Release Procedures

In the event of a major illness or injury, **911** will be called first. If you are unavailable, we will contact the individuals below in the order listed in the event of an illness or emergency involving your child. The people listed should be available during school hours. Your child may also be released to these individuals under other circumstances at your request or the school's request. Suitable identification (*e.g.*, driver's license) will be necessary before the child is released. These are the **only** people authorized to pick up your child from school. Please complete this section as accurately as possible.

I, _____ authorize the school to release my child to the
PARENT / GUARDIAN NAME (PLEASE PRINT)

Individuals named below:

- | | <u>NAME</u> | <u>RELATIONSHIP TO CHILD</u> | <u>DAYTIME PHONE NUMBER(S)</u>
Indicate if HOME , WORK or CELL number |
|----|-------------|------------------------------|---|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Step 5: Permission to Photograph/Videotape Your Child

We are proud of our students and the special events that take place at our schools. Occasionally throughout the year, we invite the press to report on our events. CHECK THE BOX BELOW IF YOU **DO NOT** GIVE PERMISSION FOR YOUR CHILD TO BE PHOTOGRAPHED, VIDEOTAPED AND/OR ON THE DISTRICT WEB SITE. **If we have your permission to photograph your child, you need not do anything.**

- ☐ I DO NOT consent allowing my child to be photographed or videotaped at school events and published in media and on the school website.

Parent/Legal Guardian Signature: _____ Date: _____

STEP 6: Health History Information**STUDENT NAME:** (PLEASE PRINT)

Last Name

First Name

M.I.

DATE OF BIRTH:

Month

Day

Year

HOME ADDRESS & TELEPHONE NUMBER:

Street Address

City/Town

State

Zip Code

PARENT/GUARDIAN INFORMATION: (PLEASE PRINT)

Name

Home Number

Work Number

Mobile Number

Street Address (IF DIFFERENT FROM STUDENT)

City/Town

State

Zip Code

Name

Home Number

Work Number

Mobile Number

Street Address (IF DIFFERENT FROM STUDENT)

City/Town

State

Zip Code

HEALTH CARE PROVIDER/CLINIC: (PLEASE PRINT)

Name of Physician

Telephone Number

Address

Name of Dentist

Telephone Number

Address

MEDICAL HISTORY (Please check one response for each of the following diseases or conditions)Chicken Box ☐ Yes ☐ NoLead Exposure ☐ Yes ☐ NoDiabetes ☐ Yes ☐ NoMuscle Problems ☐ Yes ☐ NoEczema ☐ Yes ☐ NoSpeech Problems ☐ Yes ☐ NoHeart Problems ☐ Yes ☐ NoTuberculosis ☐ Yes ☐ NoKidney Problems ☐ Yes ☐ No**Allergies:** Yes No If Yes, please **check all that apply:** BEE/INSECT

PEANUTS/PEANUT BUTTERNUTS: _____

STINGS

LATEX

ENVIRONMENTAL ALLERGIES

FRUITS: _____

OTHER FOODS: _____

Epipen: Yes No

What type of reaction does your child have?

year: _____

Surgeries or Serious Illness: _____

year: _____

year: _____

year: _____

Accidents or Injuries: _____

year: _____

Has your child had lead screening? Yes No If Yes, please provide the date: _____

Student Name: _____ Date of Birth: _____ Grade: _____

STEP 6: Health History Information (continued)

➤ Does your child have **asthma**? Yes No If Yes, list the *triggers*: _____
 Medication(s) prescribed: _____ Meds required during school day? Yes No
 Time of year asthmatic episodes occur: _____

➤ Does your child have **diabetes**? Yes No If Yes, age of diagnosis: _____ **Type 1** ____ **or** **Type 2** ____
 Insulin dependent: Yes No If yes, pump or injection: _____

➤ Does your child have any **vision defects**? Yes No If Yes, please specify: _____
 Does your child wear contacts? Yes No Glasses? Yes No Is it necessary for your child to sit near board? Yes No
 ➤ Does your child have any **hearing defects**? Yes No If Yes, please specify: _____
 Does your child wear hearing aids? Yes No Use an FM device? Yes No
 Is it necessary for your child to sit near front of room? Yes No If Yes, preferably **left** side or **right** side? _____

MEDICATIONSIs the student currently taking any medications? Yes No *If yes, please provide the medication name(s) below:*

1. _____ **Dosage:** _____ **How many times a day?** _____
Prescribing physician: _____ *Reason for the medication:* _____
2. _____ **Dosage:** _____ **How many times a day?** _____
Prescribing physician: _____ *Reason for the medication:* _____
3. _____ **Dosage:** _____ **How many times a day?** _____
Prescribing physician: _____ *Reason for the medication:* _____

**IN THE SPACE BELOW, PLEASE PROVIDE ANY ADDITIONAL HEALTH INFORMATION,
 WHICH YOU FEEL WOULD BE HELPFUL TO THE SCHOOL NURSE-TEACHER:**

What school did your child last attend? _____

City/Town

State

Telephone Number

**I GIVE PERMISSION TO APPROPRIATE SCHOOL PERSONNEL TO COMMUNICATE AND EXCHANGE INFORMATION
 WITH THE STUDENT'S PHYSICIAN, IF NECESSARY.**

SIGNATURE PARENT/GUARDIAN

DATE

Woonsocket Education Department Student Residency Form and Affidavit

Name of Student: _____

Date of Birth: _____ Gender: Male _____ Female _____

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 school in the Woonsocket Education Department.

Part I: The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

- | | | |
|--|-----|----|
| 1. Is this student's current address a temporary living arrangement? | Yes | No |
| 2. Is this a temporary living arrangement due to a loss of housing or economic hardship? | Yes | No |
| 3. As a student, are you living with someone other than your parent or legal guardian? | Yes | No |

If you answered **YES** to any of the above questions, please complete Part II of this form.

If you answered **NO** to all of the above questions, please complete Part III of this form.

Everyone must complete Part IV of this form.

Part II: Where is this student/family

_____ "Doubled-up" with friends or relatives in a house or apartment due to loss of housing or economic hardship.
_____ In a motel/hotel/campgroup _____ In a shelter or other transitional housing _____ In a group home
_____ Other unsheltered

Part III: I affirm that the student named on this form resides permanently with me at my residence at the address provided on this form. 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 child named on this form.

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 school in the Woonsocket Education Department.

Part IV: I understand that only legal residents of the City of Woonsocket, who are otherwise eligible, are entitled to be educated by the City of Woonsocket without charge unless otherwise permitted to remain in the district by applicable law or regulation. If any of the information above ceases to be true, I shall immediately notify the Woonsocket Education Department in writing. Unless otherwise protected under law or regulation, I will be responsible for payment of tuition for the child at the prevailing district rate on a pro-rated basis if the child is permitted to remain in the Woonsocket Education Department. 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: (please print) _____

Address or Name of Current Residence _____

Phone number where we can contact you _____

Signature _____ Date: _____



Angélica Infante-Green
Commissioner

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

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:

First Middle Last

Date of Birth:

Place of Birth²:

Month Day Year

Parent or Guardian Relationship to student:

☐ Mother ☐ Father ☐ Other _____

Home Language Code:

Language Background

(Please check all that apply)

1. What is the primary language used in the home, regardless of the language spoken by the student?

☐ English ☐ Other _____

Specify

2. What is the language most often spoken by the student?

☐ English ☐ Other _____

Specify

3. What is the language that the student first acquired?

☐ English ☐ Other _____

Specify

4. What language(s) does your child understand?

☐ English ☐ Other _____

Specify

5. What language(s) does your child speak?

☐ English ☐ Other _____

☐ Does not speak

Specify

6. What language(s) does your child read?

☐ English ☐ Other _____

☐ Does not read

Specify

7. What language(s) does your child write?

☐ English ☐ Other _____

☐ Does not write

Specify

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

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:

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.

City of Woonsocket

EDUCATION DEPARTMENT

108 High Street

Woonsocket, Rhode Island 02895-4348

Telephone (401) 767-400

Fax (401) 767-4647

Website: <http://woonsocketschools.org>Email: woonsocketschools.com

RELAY RHODE ISLAND

1-800-745-5555 (TTY)

1-800-745-6575 (Voice)

AT&T SPANISH RELAY

(Servicio de Relevé de AT&T)

1-800-855-2884 (TTY)

1-800-855-2885 (Voice)

REQUEST FOR RECORDS AUTHORIZATION

I authorize _____

(Child's Current School)

(Number and Street Address)_____
(City, State, Zip Code)_____
(Area Code and Phone Number)

to release the official school records (including transcript of grades earned, credit given, standardized test scores, and health records) of:

(Student's Name)_____
(Date of Birth)

Please check the appropriate school:

Fax Number:

- | | | |
|-----|--|--------------|
| TO: | <input type="checkbox"/> Bernon Heights School, 657 Logee Street, Woonsocket, RI 02895 | 401-767-4865 |
| | <input type="checkbox"/> Citizens Memorial School, 250 Winthrop Street, Woonsocket, RI 02895 | 401-767-4851 |
| | <input type="checkbox"/> Kevin K. Coleman School, 98 Second Avenue, Woonsocket, RI 02895 | 401-767-4860 |
| | <input type="checkbox"/> Globe Park School, 192 Avenue A, Woonsocket, RI 02895 | 401-767-4831 |
| | <input type="checkbox"/> Governor Pothier School, 420 Robinson Street, Woonsocket, RI 02895 | 401-767-4654 |
| | <input type="checkbox"/> Harris School, 60 High School Street, Woonsocket, RI 02895 | 401-767-4857 |
| | <input type="checkbox"/> Leo A. Savoie School, 990 Mendon Road, Woonsocket, RI 02895 | 401-767-4821 |
| | <input type="checkbox"/> Woonsocket Middle School – Hamlet Building, 60 Florence Drive, Woonsocket, RI 02895 | 401-235-6123 |
| | <input type="checkbox"/> Woonsocket Middle School – VillaNova Building, 240 Florence Drive, Woonsocket, RI 02895 | 401-235-6137 |
| | <input type="checkbox"/> Woonsocket High School, 777 Cass Avenue, Woonsocket, RI 02895 | 401-767-4723 |
| | <input type="checkbox"/> Woonsocket Area Career and Technical Center, 400 Aylsworth Avenue, Woonsocket, RI 02895 | 401-767-4665 |
| | <input type="checkbox"/> McFee Administration Building, 108 High Street, Woonsocket, RI 02895 | 401-767-4647 |

(Signature of Student 18 years or over)_____
(Signature of Parent/Guardian)_____
(Date)

Woonsocket Education Department

Department of Special Education

108 High Street

Woonsocket, RI 02895

401-767-4600

PARENT/GUARDIAN CONSENT TO ACCESS MEDICAID FUNDS

| | | | |
|----------------------|-------------------------|-------|--------------|
| Student Name | Birth Date (DOB) | Grade | Today's Date |
| Parent/Guardian Name | Parent/Guardian Address | | |

Background:

The Woonsocket Education Department provides special education and related services as a free and appropriate public education (FAPE), at no cost to the parents, in the least restrictive environment (LRE). The Woonsocket Education Department can seek reimbursement through Medicaid for some special education services for students who are eligible for Medicaid benefits. Section 300.154 of the Rhode Island Board of Education's Regulations Governing the Education of Children with Disabilities Education requires that the Woonsocket Education Department receive your written informed consent in order to seek Medicaid reimbursement for certain special education services. Before you give or deny consent, please read the following:

Please check all of the following (this is informed consent):

- ☐ **I understand** that giving my consent to the district to access Medicaid reimbursement for services provided to my child will not impact my ability to access these services for my child outside the school setting
- ☐ **I understand** this consent does not include consent for assistive technology devices. The district needs a separate consent form when accessing reimbursement for any assistive technology device.
- ☐ **I understand** that services in my child's IEP must be provided at no cost to me, whether or not I give consent to bill Medicaid. [If I refuse consent or if I revoke (withdraw) this consent, the school district is still responsible to provide special education and any related services identified for my child through the special education eligibility processes and these services will be provided at no cost to me. This includes no costs for co-pays, deductibles, loss of eligibility or impact on lifetime benefits.]
- ☐ **I understand** that my consent is voluntary and I may revoke (withdraw) my consent in writing at anytime after it is given. If I revoke (withdraw) my consent, the school department will no longer bill Medicaid from the date the written revocation (withdrawal) of consent is received by the district.
- ☐ **I understand** that the district follows both the Health Insurance Portability and Accountability Act (HIPAA -- the federal health privacy act) and the Family Educational Rights and Privacy Act (FERPA -- the federal education privacy act) requirements to protect my confidential information and that Medicaid funds received by the district directly support education in our district.

Permission given or denied (please check one):

- ☐ **I give permission** to the district to share information about my child with the state Medicaid Agency, its fiscal agent, and the district's Medicaid billing agent. The information shared may include my child's name, date of birth, address, primary special education disability, Medical Assistance Identification number (MID), and the type and amount of health services provided. Services may include personal care, assistive technology services, day program treatment, residential program treatment, child outreach screening, transportation, and services and/or evaluations provided by physical therapists, occupational therapists, speech, hearing and language therapists, licensed psychologists, social workers and nurses.
- ☐ **I do not give permission** to the district to share information about my child in order to seek Medicaid reimbursement for services provided to my child.

Parent/Guardian Signature

Date