

**CRANSTON PUBLIC SCHOOLS
REGISTRATION FOR ALL NEW STUDENTS**

By Appointment Only:

Please call
270-8150

Registration packets must be picked up and completed prior to appointment.

Packets are available at all Cranston Public Schools,

or online at cpsed.net/

Evidence of the following MUST be presented at registration:

BIRTH CERTIFICATE (official copy only)

IMMUNIZATIONS REQUIRED-WRITTEN PROOF FROM A DOCTOR

DPT-5 doses; OPV-4 doses; MMR-2 doses; Hepatitis B-3 doses; Lead Screening (K only); Varicella(Chickenpox) Entrance physical - 12 months before to 6 months after school entrance

PROOF OF RESIDENCE

Student must reside in Cranston with a parent/guardian. A true copy of one of the following will be accepted as proof of residency (all must be current): property tax or utility bill (cell phone bills are NOT accepted). A lease agreement must include your landlord's contact number and be followed up at the school with your first utility bill.

If it is a "living with" situation, both you and the person you are living with (i.e. relative, friend etc.) are required to read, sign and have a CRANSTON PUBLIC SCHOOLS AFFIDAVIT notarized. Proof of residency for the person you are living with is also required. Attendance Officer will verify.

Parent/guardian must also present photo ID.

Required School Documents:

Copy of recent report card

Copy of current IEP (if applicable)

ACCESS – Test results (ESL testing)

Student Information

Student's Last Name _____ First Name _____ MI _____ Social Security number (optional)
 (as it appears on birth certificate)

Has this child previously attended a Cranston Public School? Y/N Name of school: _____ Grade(s): _____

Name of last school attended: _____ Location: _____

Custody Arrangement: Sole Dual N/A (circle one) If living with foster parents, agency name: _____

With whom does the child live if other than the parents? Name: _____ Relationship: _____

M / F	/ /		/ /
<i>Grade</i>	<i>Gender</i>	<i>Date of Birth</i>	<i>US entry date</i>
		If not born in the USA	Birth Place

Race and Ethnicity

New Federal and state regulations require that all school districts in Rhode Island use a two-part question to collect data about students' race and ethnicity. Please answer BOTH of the questions which follow. For the first question, circle or check the correct response. For the second questions you may choose one or more responses.

1. Is your child Hispanic or Latino? Yes No

2. What is your child's race? (choose one or more)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Student's Legal Residence

Number/Street _____ Unit/Apartment # _____

City _____ State _____ Zip _____

Home Phone _____

Mailing Address (If different than above) _____

Parent(s) and/or Guardian(s) living at legal residence

Father/Guardian

Title _____ Last Name _____ First Name _____ MI _____

Language Spoken at Home _____

Work Phone _____ ext _____

Cell Phone _____

Sex M F

Marital Status S M

Mother/Guardian

Title _____ Last Name _____ First Name _____ MI _____

Work Phone _____ ext _____

Cell Phone _____

Sex M F

Marital Status S M

Do both parents/guardians live at this address:

Emergency Contact : Name: _____

Phone: _____

Other Children living at this residence

Last Name _____ First Name _____ MI _____ Birth Date _____ Gender _____

Signature _____

Date _____

CRANSTON PUBLIC SCHOOLS
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 Cranston Public Schools.

I.
I, _____, affirm that _____
(name) (child's name)

whose birth date is _____ resides permanently with me at
(month/day/year)

my residence at _____, in the Cranston, RI
(street address)

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 other than
the sole purpose of attending the Cranston 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.

II.

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

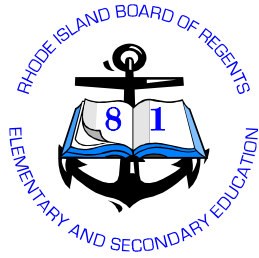
III.

If any of the information above ceases to be true, I shall immediately notify the Cranston Public Schools in writing and, if the child is permitted to remain in the Cranston School System, 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:

Signature

Date



Deborah A. Gist
Commissioner

RI Department of Education Home Language Survey

The information requested on this form is necessary for the most appropriate placement for your child as required by Rhode Island Law (R.I.G.L. § 16-54-2) and the Equal Educational Opportunity Act (20 U.S.C. §1703(f)) and will not be used for any other purposes. Thank you for your cooperation.

To be completed by parent or guardian:	
Student Name: _____	
Registration _____	Date of _____
Date: _____	Birth: _____
1. What <u>language</u> do you use <u>most often</u> when speaking to your child?	

2. What <u>language</u> did your child <u>first</u> learn to speak?	

3. What <u>language</u> does your child use <u>most often</u> when speaking to you?	

4. What language does your child use <u>most often</u> when speaking to other adults in the home or to their primary caretaker?	

5. What <u>language</u> does your child use <u>most often</u> when speaking to siblings or other children in the home?	

6. What <u>language</u> does your child use <u>most often</u> when speaking to friends or neighbors <u>outside</u> the home?	

Signature of Parent or Guardian _____	Date _____
Print Parent/Guardian Name _____	

Cranston Public Schools
HEALTH HISTORY

Name _____ M _____ F _____ DOB _____
Address _____ Phone _____
School _____ Grade _____ Room _____
Physician Name: _____

Last Physical Examination _____
Date

Chicken Pox _____ / _____
(Disease) (Immunization)

Current Health Problems: [Check and explain, include treatment(s)]

Allergies _____
Anemia _____
Asthma _____
Birth Defect _____
Diabetes _____
Hearing _____
Heart _____
Lead Poisoning _____
Physical Disability _____
Seizures _____
Speech _____
Vision _____
Other _____

My child requires the use of the following assistive devices:

_____ contact lenses
_____ glasses
_____ hearing aid
_____ other

Does your child take any medication? yes _____ no _____

medication _____
dose _____
frequency _____

List any hospitalizations or major illnesses your child has had.

Additional Information _____

Parent Signature

(Date)