

TIVERTON SCHOOL DEPARTMENT

**100 North Brayton Road
Tiverton, RI 02878
401-624-8475
www.tivertonschools.org**

William J. Rearick
Superintendent of Schools

Douglas Fiore
Director of Administration

Diane Sanna
Director of Curriculum

Steven Fezette
Principal, Tiverton High School

Patricia Aull
Principal, Tiverton Middle School

Suzette Wordell
Principal, Ft. Barton Elementary

Thomas Gastall
Principal, Ranger Elementary

Fran Blaess
Principal, Pocasset Elementary

Dear Parent or Guardian,

On behalf of the School Committee and the School Administration, I would like to welcome you to the Tiverton School Department.

Enclosed in this packet are the forms necessary to register your child to attend the Tiverton Schools.

Your assistance in providing this information promptly is greatly appreciated in order to expedite your child's registration and enrollment process.

Sincerely,

William J. Rearick
Superintendent of Schools

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According to RI Law 16-2-27, students entering Kindergarten must be 5 years old on or before September 1, 2009, students entering 1st Grade must be 6 years old on or before September 1, 2009.

Prior to enrolling in any of our schools you are required to provide the following information:

1. Proof of residency
 - a. RI Driver License with Tiverton Address
 - b. RI Vehicle Registration with Tiverton Address
 - c. Real estate tax receipt, rent receipt, utility bill, etc.
2. An up to date copy of Immunization Records
3. Birth Certificate
4. Cases involving legal guardianship MUST provide custody papers

RI Immunization regulations require:

DTP – 5 doses, with last dose after the fourth birthday

Poliomyelitis – 4 doses, with the last dose after the fourth birthday

Measles, Mumps, Rubella (MMR) – 2 doses, first dose after the first birthday, second dose after fourth birthday

Hepatitis B Vaccine – 3 doses

Varicella (Chickenpox) Vaccine – 2 doses on or after the first birthday

Evidence of lead screening per state requirements

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STUDENT RESIDENCY CERTIFICATION

I, _____, the parent/ guardian of _____, hereby certify that all of the representations made and information provided to the officials of the Tiverton School Department in support of _____'s entitlement to attend the Tiverton Public Schools pursuant to Rhode Island General Laws SS 16-64 *et seq.* and the (including, but not limited to) home addresses and pertinent family information are true and correct to the best of my knowledge and belief. I understand that the Tiverton Public Schools may from time to time take steps to verify _____'s continued entitlement to attend the Tiverton Public Schools, including by not limited to, requests to provide further documentation. I understand that if it comes to the attention of the Tiverton School Department that _____ is not entitled to attend the Tiverton Schools for a period of time as prescribed by the Rhode Island Department of Education, I may be liable for payment of tuition for _____'s attendance at the Tiverton Public Schools.

Witness

Parent/ Guardian

Signed under the pains and penalties of perjury

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STUDENT BIOGRAPHICAL DATA

Student Information		
Last Name		Grade
First Name		Date of Birth
Middle Name		Male ___ Female ___
Address		Lives With:
City		Relationship:
State		
Parent or Guardian Information		
Parent (Mother) or Guardian		Parent (Father) Guardian
Name		Name
Maiden Name		
Address		Address
City		City
State	ZIP	State ZIP
Home Phone		Home Phone
Cell Phone		Cell Phone
Fax/ E-mail		Fax E-mail
Employer		Employer
Work Phone		Work Phone
Occupation		Occupation
Has Custody? Yes ___ No ___		Has Custody? Yes ___ No ___
Other Siblings		
Name		Gender: M / F DOB: __/__/__
Name		Gender: M / F DOB: __/__/__
Name		Gender: M / F DOB: __/__/__
Previous School Information		
School Name:		Was your child receiving educational services?
Address:		<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes) <input type="checkbox"/> IEP <input type="checkbox"/> 504
Telephone:		<input type="checkbox"/> Other

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STUDENT BIOGRAPHICAL DATA

Emergency Contact Info			
Emergency Contact #1		Emergency Contact #2	
Name		Name	
Address		Address	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Relationship		Relationship	
Emergency Contact #3		Emergency Contact #4	
Name		Name	
Address		Address	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Relationship		Relationship	
NO CONTACT with the Following Individuals			
Name #1		Name #2	
Address	Telephone	Address	Telephone
Relationship		Relationship	

I _____, parent/ guardian of _____, a student at _____ School, give the school and related staff (i.e. bus drivers, parents, chaperones, etc.) permission to act on my behalf regarding all emergency medical problems which might develop at the school, during transportation to and from school, and at school related activities. By utilizing the information above, I understand that all reasonable effort will be made by the school or school bus company to locate me or an additional member of my family as quickly as possible after the onset of an illness or accident.

Date ___/___/_____

Signature _____