



Burrillville School Department

New Student Registration Form

Student First Name Student Middle Name Student Last Name Date of Birth Gender Grade

Student Ethnicity/Race Information (Federally-Mandated):

Part A: Ethnicity - Is the student Hispanic or Latino? Yes No

Part B: Race - What is the student's race? Check all that apply

- American Indian or Alaskan Native Native Hawaiian or other Pacific Islander Asian
 Black or African American Other _____ White

Additional Student Information

Has the student ever attended Burrillville Schools before?

Yes No If yes, please indicate the school name and last grade/year enrolled

Has the student ever been retained in a grade?

Yes No If yes, please indicate the school name and last grade/year enrolled

Special Services

Please indicate if the student has been receiving special services:

- Individual Education Plan (IEP) 504 Plan English Language Learner (ELL) Math Resource (Elementary level)
 RTI/Early Intervention Services (EIS) PLP Early Childhood PreK/K Reading Resource (Elementary level)

Child Outreach Screening (for students entering Kindergarten) Yes No If yes, date _____

Signature of Person Enrolling Student

Date

STUDENT BIOGRAPHICAL/FAMILY INFORMATION

FAMILY 1: Family 1 should be the residential and mailing address of the student, and should include only the name(s) of the parent(s)/guardian(s) who reside with the student. Please be sure to include the relationship to the student (mother, father, stepmother, grandfather, etc.) Do not list emergency contacts in this area.

Title (Mr., Mrs., etc)	First Name	Last Name	Relationship
Residential Address:			
Mailing Address (if different):			
Primary Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Secondary Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Tertiary Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Email Address:			

Has custody?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can pick up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can receive mail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this parent/guardian have full legal rights? If "No", supportive legal documentation must be provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a No Contact Order or other Legal Order in effect? If "Yes", supportive legal documentation must be provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Title (Mr., Mrs., etc)	First Name	Last Name	Relationship
Primary Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Secondary Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Tertiary Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Email Address:			

Has custody?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can pick up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can receive mail and report cards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this parent/guardian have full legal rights? If "No", supportive legal documentation must be provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a No Contact Order or other Legal Order in effect? If "Yes", supportive legal documentation must be provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT BIOGRAPHICAL/FAMILY INFORMATION

FAMILY 2: Family 2 should consist of parent(s)/guardian(s) who do not reside with the student, and should include only the name(s) of the parent(s)/guardian(s) who reside with the student. Please be sure to include the relationship to the student (mother, father, stepmother, grandfather, etc.) Do not list emergency contacts in this area.

Title (Mr., Mrs., etc)	First Name	Last Name	Relationship
Residential Address:			
Mailing Address (if different):			
Primary Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Secondary Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Tertiary Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Email Address:			

Has custody?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can pick up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can receive mail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this parent/guardian have full legal rights? If "No", supportive legal documentation must be provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a No Contact Order or other Legal Order in effect? If "Yes", supportive legal documentation must be provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Title (Mr., Mrs., etc)	First Name	Last Name	Relationship
Primary Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Secondary Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Tertiary Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Email Address:			

Has custody?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can pick up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can receive mail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this parent/guardian have full legal rights? If "No", supportive legal documentation must be provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a No Contact Order or other Legal Order in effect? If "Yes", supportive legal documentation must be provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMERGENCY CONTACT INFORMATION

Emergency Contact #1

Title (Mr., Mrs., etc)	First Name	Last Name		Relationship
Primary Phone:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Secondary Phone:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Tertiary Phone:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work

Emergency Contact #2

Title (Mr., Mrs., etc)	First Name	Last Name		Relationship
Primary Phone:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Secondary Phone:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Tertiary Phone:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work

Emergency Contact #3

Title (Mr., Mrs., etc)	First Name	Last Name		Relationship
Primary Phone:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Secondary Phone:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Tertiary Phone:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work

SCHOOL OFFICE USE ONLY

Registration Date _____ Entry Date _____ Entry Date _____

Request for Records _____ Sent _____ Received _____

Immunizations Records: Complete Missing Skyward LASID _____

HR/Advisory Teacher:

HR/Advisory Room #: